ON GENUINE EPILEPSY

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Epilepsy is not a disease entity but a symptom complex. Epileptic phenomena are customarily classified under the three main headings: symptomatic, genuine and hysterical. The symptomatic epilepsies, in which the phenomena are due to specific brain lesions, and the hysterical epilepsies, in which the phenomena are traceable to an underlying hysteria, are relatively clear-cut clinical pictures. Genuine epilepsy remains the most obscure, since it contains both organic and psychological elements which are difficult to evaluate.

There is no demonstrable organic brain pathology in genuine epilepsy. The electroencephalogram,[1] however, seems to shed some light on the neurological aspects of the problem of etiology. It has been found that the recorded electrical brain waves of ninety-five percent of epileptics manifest some abnormality, either dysrhythmia or dyssynchrony. Ten percent of the general population have this dysfunction but only half of one percent have epilepsy One parent and at least half of the relatives of all epileptics show dysrhythmia. This would suggest that a hereditary predisposition on an organic basis does exist in genuine epilepsy. However, this predisposition alone is not sufficient to produce the disease; something else must be added.[2]

The question now arises, what precipitates genuine epilepsy in people who have the above-mentioned organic predisposition? It is possible that here psychological factors play a significant rôle. If that is so, then we may ask, is there also a psychological predisposition to the epileptic phenomenon?

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1 *Cf.* Lennox, William G.: *Science and Seizures.* New York: Harper and Bros., 1941.

2 Jasper, Herbert, and Kershman, John: *Electroencephalographic Classification of the Epilepsies.* Arch. Neur. & Psychiat., XLV, 1941.

Furthermore, what in the clinical picture is due to attempts at adaptation and restitution by the personality, and what features can be attributed to the traumatic quality of the seizure itself?

Satisfactory answers to these questions can only be reached when a systematic psychoanalytic study has been made of a great quantity of clinical material. Unfortunately, with psychoanalysis, this takes a great deal of time and it is therefore necessary to pool observations in order to accumulate sufficient data. This paper is an effort along these lines.

Among the psychoanalytic writers one finds a great disparity of opinion on the essential psychological structure of the epileptic reaction. Freud, in his paper on Dostoevski,[3] stated that it seemed as if a mechanism had been organically prepared for the discharge of abnormal impulses which could be used for entirely different needs, i.e., disturbances of brain function, either by tissue damage or toxic states, as well as for inadequate mastery of the psychic economy in critical situations. The epileptic reaction is at the disposal of the neurosis so that tensions can be discharged somatically when they cannot be mastered psychically. Thus the epileptic fit can become a symptom of hysteria and can be adapted and modified by it. Freud also pointed out the importance of the repressed criminal and aggressive impulses. The seizure, then, may represent a self-punishment for death wishes—an identification with the person wished dead, as well as a passive, masochistic satisfaction.

Other writers have stressed one or another aspect of the problem. Thus, Ferenczi [4] stated that in epilepsy we have a fixation on a narcissistic level. There is a regression to an infantile omnipotence by means of a magic gesture—the fit. He also compared the attack to the dream in that the repressed impulses return, only less distorted. Reich [5] looks upon the convulsion as an extragenital muscular orgasm which is pos-

[3] Freud: *Dostojewski und die Vatertötung.* Almanach d. Psa., 1930. Vienna: Int. Psa. Verlag.

[4] Ferenczi, Sándor: *The Unwelcome Child.* Int. J. Psa., X, 1929.

[5] Reich, Wilhelm: *Die Funktion des Orgasmus,* Int. Psa. Verlag, 1927.

sibly due to the high cathexis of the musculature from the actual neurosis. Schilder [6] compares the attack to birth phenomena. Dreyfuss [7] also points out the deep infantile regression and stresses the instinct defusion theory as well as the hysterical components. Simmel [8] stated that epilepsy is a kind of self-induced shock therapy. A regression takes place to an infantile level of ego development in which affects and motor impulses are discharged in an uncoördinated manner. Kardiner [9] believes that the traumatic neuroses and epilepsy represent a continuous series of reactions with only quantitative differences. The attack itself is due to a shrinking of the ego and a complete inhibition of all ego functions.

All the authors emphasize the sadistic, asocial impulses and the strong reaction-formations in the character. They feel that there is an organic predisposition to epilepsy which can become manifest through psychogenic factors. The fantasy content of the epileptic attack does not alone explain the disease picture.

Keeping these findings in mind we will now examine an especially instructive case. The patient had many of his convulsions during the analytic hour and it was possible to gain direct insight into the precipitating factors. Furthermore, the patient was also able to remember his fantasies during the convulsions. Finally, the clinical picture is very striking; many of the mechanisms are extremely transparent. Unfortunately, the therapeutic results were not very favorable and the patient remained in analytic treatment only seven months.

The patient, a young man of twenty, was first seen in the outpatient department of the Cedars of Lebanon Hospital Clinic. His presenting complaint was that he had suffered from repeated spells of unconsciousness during the previous

[6] Schilder, Paul: Quoted by Dreyfuss, *cf.* below.

[7] Dreyfuss, Daniel K.: *Über der Bedeutung des psychischen Traumas in der Epilepsie.* Int. Ztschr. f. Psa., XIV, 1928.

[8] Simmel, Ernst: Remarks in a discussion; *cf.* also with Abraham, Ferenczi and Jones: *Psychoanalysis and the War Neuroses.* London: Int. Psa. Press, 1921.

[9] Kardiner, Abraham: *The Bio-analysis of the Epileptic Reaction.* This QUARTERLY, I, 1932.

six months. He was thoroughly examined by the neurological department and in the laboratory, with no positive pathological findings, save for the electroencephalogram which showed positive *grand mal* waves. He was treated with phenobarbital and dilantin for about one year without any improvement. At the time that he was turned over to the psychiatric department he was suffering about one *grand mal* attack per day with an occasional *petit mal.*

The pertinent historical data revealed that he had had his first attack six months after coming to Los Angeles from a small Texas town. The first seizure occurred when a dog suddenly barked at him. He was later told that he fell to the ground unconscious, became cyanotic, had tonic and clonic muscular contractions and urinary incontinence. Later he noticed that he bled from a severe bite in his tongue. He had never experienced anything similar to this before; there were no convulsions in childhood and no epilepsy in the family history. However, he did remember that a few months before the seizure a brother, with whom he had been sleeping, told him that during the night he had banged his fist against the bed. Some weeks later his mother claimed that in a burst of temper he threw something at her; but for both these incidents the patient had complete amnesia.

The young man was well built, with moderate good looks, of average intelligence and had had a high school education. He spoke with a typical Texas drawl, was well-mannered, rather shy and very coöperative. He had no insight into the possible psychological factors in his case and manifested strong scepticism. He was one of thirteen children, the third youngest, and got along fairly well with all the family except for an older, chronically alcoholic brother and his father. He quickly conceded that he disliked his father intensely since his father was a rather dull and weak man and the patient felt that his father's weakness might be the cause of his own bashfulness and feeling of inferiority. These were especially prominent in relationships with girls and with figures of authority.

At this time there was still no thought of psychoanalytic treatment and the patient came to the clinic twice weekly for psychiatric consultation. In one of these early sessions the patient was hypnotized by this writer. As he began to lose consciousness he complained that he thought he was going to have a spell, but after some reassurance did fall asleep. He was then told to imagine having a spell and to say everything that came into his mind. Thereupon he became rather cyanotic, attempted to speak but was unable to do so. He struggled this way for several minutes and was then awakened. He immediately said, 'The funniest thing came to my mind—I remembered a scene in my childhood, playing in a barn with some dogs and with some boys'. Upon further questioning the patient felt that this memory, from about his eighth year, might concern masturbation which he claimed to have renounced since coming to California. Masturbation was always a great problem for him and had caused him great feelings of guilt and shame.

On his next visit the boy was once again hypnotized and again given the same command. He reacted in exactly the same way and when awakened once more told of seeing the barn and the dogs. This time he was convinced that this was connected with childhood masturbation and began spontaneously to talk about his conflicts and struggles. Suddenly his face assumed a dazed expression, his eyes stared blankly, his mouth was distorted into a silly grin. Then his jaws became clenched, his body rigid, his arms stiffened and began to jerk. He did not fall from his chair but remained half slouched. His mouth seemed to become puffed up as though it contained some liquid. His arms seemed to move toward his penis and then toward his back pocket, but due to the spasmodic movements he was unable to carry out any coördinated act. Suddenly he awakened, immediately reached for his handkerchief in his back pocket, brought it to his mouth and emptied a copious quantity of foam-like bloody saliva. Since we had just been talking about masturbation, and since the arm movements were toward his penis, and

since the whole act ended with the discharge of saliva, I could not refrain from asking rather impulsively, 'Do you know what you were doing?' To this the patient answered, 'Yes, I think I have the answer now to my spells. They are like masturbation.' Then he proceeded to tell of his autoerotic activities in bed and how, at the point of orgasm, he would quickly reach for a handkerchief to prevent the seminal discharge from staining the bedclothes and thus betray his secret.

The patient was much pleased with this newly acquired insight, and returned to the clinic a few days later with the announcement that for the first time in months he had been able to go four days without having had a spell. At this point it was decided to attempt psychoanalysis and he was then requested to come daily to the office for his hour. The boy's financial situation made the payment of a fee impossible.

Before proceeding with the course of the analysis, it would be well to describe in greater detail certain aspects of his epileptic reactions. Almost all of the attacks were preceded by an aura. This aura was perceived either as an electric feeling all over the body, or like a sinking sensation in the pit of the stomach. Usually following the aura sensations the patient would be totally unable to hear; then would follow the unconsciousness. After the seizure the deafness would persist for some fifteen to twenty minutes. Occasionally the aura would be followed by an inability to move the eyes, then deafness, then inability to speak and unconsciousness. The return to consciousness would reverse the order. However, the deafness was the most pronounced and the most typical feature. After the spells the patient had severe headaches, an intense craving for sleep or sometimes a sense of relief.

The seizures were usually precipitated by sudden loud noises, by the sound of something breaking, by changes in equilibrium, and, in general, by all sudden stimuli. Later on many different precipitating factors were found, but the most consistent and persistent were the sudden loud noises. Sometimes the attacks would consist only of strange body feelings, of numbness, or tingling. At other times there were short

periods of unconsciousness with no convulsions; but the daily attack was usually a typical *grand mal* seizure. Sometimes the attack resulted in severe injuries that required hospital care; sometimes his life was jeopardized, as when one convulsion occurred in a swimming pool.

The analysis began with strong resistances. The patient found great difficulty in expressing himself, and all his material was carefully censored. The analysis of this resistance revealed marked feelings of shame and guilt as the repressing forces, which on a deeper level were reaction-formations against strong scoptophilic and exhibitionistic impulses. These impulses could be traced to excessive stimulation in childhood, brought about by the cramped housing conditions that necessarily arose in trying to provide lodging for the adults and thirteen children. The infantile scoptophilia persisted consciously until puberty, then underwent repression, accompanied by the appearance of the reaction-formation. Thus the patient was furious if he caught sight of one of his sisters in the slightest state of undress, or he avoided looking at attractive women on the streets. This became particularly annoying since he came to Los Angeles, for the women often were dressed in sweaters and shorts and he was constantly in anguish with this unresolved conflict.

A similar situation existed with his exhibitionistic impulses. Again reaction-formations were predominant and manifested themselves in feelings of shyness in all situations in which he was being looked at. There was also a tormented preoccupation with his appearance and a constant dread of exposing himself to ridicule. He was particularly sensitive about the size of his penis, which he felt was definitely inadequate. One aspect of this problem was tied up with his onanism: the patient felt he had suffered severe damage from his autoeroticism and that this damage might betray itself by certain physical signs.

Both scoptophilic and exhibitionistic tendencies and their reaction-formations were interwoven with his epileptic attacks. He was obsessed with the fear that he might expose himself

during the attack. He perceived the seizure itself as an exhibitionistic act. He later remembered that he sometimes ran to the bathroom mirror to look at his face when the aura appeared. (Here both exhibitionistic and scoptophilic tendencies were manifest.) After a convulsion he sometimes found that he had partially undressed himself.

The working through of these elements of resistance was only partially complete in the seven months of analysis; nevertheless some childhood material did come to the surface. His relationship to his father was particularly significant and complex and also, therefore, was the transference situation. The patient was consciously aware of a resentment toward his father since childhood. This resentment became more explosive after puberty. The father was looked upon as the strict punisher of all wrongdoing, i.e., sexual activity. On the other hand the father himself was looked upon as being 'oversexed'. The patient acquired this idea early in childhood when he was teased by his friends for having the largest family of children in their neighborhood. Thus the father who punished him for his sexual activities was himself guilty of excessive sexuality. This was not merely unjust, but also made the boy feel that his father was weak, and therefore responsible for the son's weakness, i.e., his inability to cope with masturbation. Furthermore, the father's being oversexed was also interpreted paradoxically as a virtue, a sign of virility. The boy envied his father's adult sexuality and was ashamed of his infantile activities.

The mother entered the œdipal conflict in the boy's fantasy as the unwilling victim of his father's sexual advances. All this lay behind the patient's hatred of his father which had manifested itself in childhood by occasional violent outbursts of temper and later in a great fear of him. This was important for his object relationships in general. Previous to his illness, there was a great longing and need for sports, roughhouse games, cursing, etc., but an excessive fear of physical violence when it was no longer a game. In this connection it must be remembered that the patient's illness occurred six

months after coming to Los Angeles. He often remarked that since coming to California he had lost all opportunity for giving in to his more primitive impulses. He knew nobody of his own age level and found no opportunities for creating any adequate outlets. In the small Texas town, although he never had sexual intercourse, he did indulge in sexual play, but in Los Angeles the 'sophisticated' women intimidated him. He blamed Los Angeles for his spells and in a sense he was partly right, since his possibilities for sublimation were limited. MacFarlane [10] pointed out a similar feature in a convulsive patient he studied.

The patient was also able to recall his cruel behavior to a younger brother and his pleasure in torturing animals. Since the outbreak of his seizures he no longer had temper outbursts, but all day long he wrestled with aggressive and hostile impulses which he successfully concealed. On the surface he was particularly considerate and gentle, but he developed a great fear that he might do something violent in one of his spells. He was told by his parents that he often looked angrily at them following a convulsion, but this he could not remember.

The transference analysis brought other aspects of this aggression to the surface. The long silences were not only due to shame, guilt and aggression toward the analyst, but were also a means of provoking the analyst's aggressions. The patient believed he would feel better if he were beaten or scolded. This need for punishment was not only a means of counteracting his guilt feelings but had a specific masochistic homosexual character which came out quite clearly in his dreams. These passive strivings were enhanced by the complication of the patient not paying for his treatment. He translated his indebtedness as guilt—he had to accept mistreatment and had no right to be angry—and conversely, as a token of being a special, i.e., favorite, patient.

[10] MacFarlane, Donald: Unpublished paper on convulsive phenomena, read in Los Angeles, 1941.

The exhibitionistic and aggressive impulses which were obvious in connection with the patient's symptom were relatively inaccessible to his conscious ego. In his dreams, however, these elements were constantly demonstrable. There were many dreams of killing and being killed, automobile accidents, especially being backed into, appearing naked on the streets, having sexual relations in front of others, etc. The many dreams which represented the convulsion itself were striking: being hit over the head with a baseball bat and fainting, being strangled and fainting, etc. There were also many references to urinating, and it was apparent that this function had been sexualized, but this chapter was not thoroughly worked out. In general there existed a marked discrepancy between the transparency of the material which came to the surface and the patient's persistent lack of insight.

Another feature was the patient's inability to discharge small amounts of tension; he would, instead, attempt to block every discharge. For example, if he perceived something which would make him anxious he would not allow the anxiety to become manifest but quickly suppress it. This was true also for shame, in that he would never allow himself to give in to the impulse to blush, but would inhibit it. This blocking of the vegetative discharge apparatus would result in either an increase of tension, or a convulsion, or in both. This was not only true for anxiety and for blushing, but for almost all affects and almost all emotions. Every discharge was immediately suppressed and was only expressed via the epileptic convulsions. Reich,[11] Hendrick [12] and Ferenczi [13] also pointed out that epileptics are unable to discharge *via* the autonomic nervous system and instead shift the discharge to the central nervous system. In general there was this marked contrast between the patient's fantasy life and his real life. In his waking life he attempted to restrict, repress or inhibit all

[11] Reich, Wilhelm: Quoted by Dreyfuss, *op. cit.*

[12] Hendrick, Ives: *Psychoanalytic Observations on the Aura of Two Cases with Convulsions.* Psychosomatic Med., II, 1940.

[13] Ferenczi, S.: Quoted by Dreyfuss, *op. cit.*

motor activities, all discharge phenomena and all instinctual phenomena. Even vasomotor reactions were suppressed. But in his dream life and in his neurotic symptom it was precisely these features that so obviously broke through.

Furthermore, there was his stubborn refusal to part with some secrets and it took many months of analysis before he would admit, for example, that he still masturbated. This stubbornness to part with his secrets had the quality of an anal characteristic. Not merely the shame of exposing himself, but the refusal to part with a piece of his past was involved. Other anal characteristics were his neat appearance, orderly habits, and constitpation, but these were kept relatively in the background.

To return now to the clinical course of the analysis: the patient responded at first after the removal of all drugs with an increase in the number of seizures. Thereupon dilantin three times daily was reinstituted, since the patient was in grave danger of bodily injury. The seizures continued at the rate of about one *grand mal* each day. After working out some of the exhibitionistic and aggressive tendencies there was some diminution in the frequency of the attacks. It developed that occasionally he would run away from his father at the beginning of a convulsion and would have to be forcibly restrained. Shortly thereafter he became aware that during the attack he had the fantasy of killing his father, and afterwards worried that perhaps he really had. The fantasies occurring during the seizures gradually gained access to consciousness. There was a fear of being taken to a strange toilet followed by the thought of killing his father accompanied by running away; later the feeling that maybe people would think he was doing something wrong, to which he associated, like 'getting into a girl's britches' or having a fight, or getting beaten up. Then some attacks occurred containing the idea of sliding down a bannister, or hurting a child. All these fantasies were vague and indistinct. The associated material never did penetrate to as deep a level as the material seemed to indicate. Again one had the impression that the patient's

ego was not ready to accept the rather obvious implications at this stage of analysis.

A turning point in these fantasies came after some three months of analysis: the patient felt in the seizure that he must remember something and that if he could remember, he would be cured. This 'something' concerned a bathroom, he felt, to which he associated that he feared his sexual abstinence might make him rape a girl during a seizure. When he said this he started to feel anxious, jumped up from the couch, felt he was going to have a convulsion, and only when reassured that he might allow himself to feel fear, quieted down.

A few days thereafter he had his first convulsion during the analytic hour. He began the hour by saying that he recalled certain dreams which he wanted to relate. He stopped talking, his eyes became fixed, he gritted his teeth and went into the convulsion. Curiously, his arms again moved jerkily toward his penis, a small circular wet spot appeared on his trousers and he seemed to have a partial erection. During the convulsive phase he half slid off the couch and attempted to kick me. In about three minutes he quieted down and then followed a confusional state in which he appeared disoriented and belligerent. He stormed angrily about the room, seemed not to recognize me, looked threateningly in my direction, could not hear or speak, and after some fifteen minutes, returned to his normal state. Then he told the dreams of the night before, which he had started to relate earlier: he was in a backyard and a dishpan kept falling on his head and knocked him out. In the dream he thought that that was what I was waiting to hear, that this was the solution to his case. The other dream was that he was in a men's toilet with lots of boys and there were all kinds of hats lying around. His younger sister tried to come in and he told her to get out. Then his mother came in and thought he was masturbating, after which he went to sleep with a boy friend. He awakened from this last dream with a feeling of fear and had a seizure that night. Associations to this dream brought out one significant fact, namely, that when he masturbated throughout

his childhood it usually occurred in the bathroom. There was no lock on this bathroom door, therefore he had to pay strained attention to any noises which might warn him of someone's trying to enter. When it was pointed out that sudden noises often precipitate a spell, i.e., remind him of his secret masturbation, he almost had another convulsion. It is also obvious in the dream that urination has been sexualized and that the patient has a strong homosexual component which is intimately connected to his incestuous wishes.

A few days later, in talking about what people might see in him, especially whether they might see the damages caused by his masturbation, he had another convulsion. This time in the postconvulsive confusion he deliberately broke his glasses, first the ear pieces, one by one, then the lenses, and then the nose piece. Later he had no recollection of this event.

He had another seizure in the office after recounting a dream in which his sister appeared naked and he felt a sexual urge toward her. One epileptic reaction which followed an interpretation and reconstruction was particularly interesting: he feared sexual temptations and stimulation on the street since it might provoke an erection in him, and in this way his lustful character would become manifest to the passers-by. Therefore, when he felt himself becoming sexually excited he would try to suppress these feelings and would have a spell. His answer to this interpretation was, 'Doc, you've got it', and then he had another convulsion. After this convulsion he said he felt he had something to say but that he could not quite put his finger on it. The next hour he still talked about almost having it, and this feeling of almost having it would give him the peculiar body sensation of an aura. He would jump up from the couch in order to avoid having a spell, since he had already learned that if he did something when he felt an attack coming on, rather than stop all his activities, he might avoid it.[14] Then once again he tried to recapture that something which had occurred to him in a spell, but this

[14] *Cf.* Kardiner's paper, *op. cit.*

time had a convulsion. After this convulsion he said, 'Now I know what it is—what goes on in my mind in the spell—which I feel I must tell you and then I will be cured. In the spell I have the feeling that you are cutting off my penis.' (Up to this point in the analysis there had been no mention or intimation of castration.) His associations to this revealed that in his adolescence he had heard of a boy who had raped a girl and in prison had had his sexual glands cut out. Thus the epileptic seizure contained a fantasy of castration, which apparently was a punishment for his forbidden sadistic sexual wishes.

Again the patient reacted as though now he felt he was going to be cured, and in fact his attacks did begin to diminish in frequency, so that he often went for periods of four or five days without any convulsions at all. In these periods he was able to reveal the fact that he had been masturbating all this time and also that in recent years his satisfaction from masturbation had been greatly diminished. It was clear that since the onset of the convulsions the masturbation had lost its gratifying character. It was as though the repressed fantasies were now discharged in the seizures rather than in the masturbatory act.

This is in accord with Freud's[15] remarks on the hysterical attack, in which he points out that at first there is autoerotic gratification with no fantasies. Then appears a phase of gratification with fantasies. In the third stage the act is given up but the fantasies are retained. Finally the fantasy is repressed and in the hysterical attack there is the return of the repressed masturbation fantasy. In our patient the gratifying aspect of the fantasy did not appear at first in the epileptic reaction but did become manifest later on.

The next phase of analysis was characterized by the fact that part of every analytic hour was consumed by a convulsion, after which the patient would repeat various distortions of the basic fantasy, 'Someone is cutting off my penis and I

[15] Freud: *General Remarks on Hysterical Attacks.* Coll. Papers, II.

must protect myself against him'. Unfortunately it was not always possible to give the patient enough time to associate to these fantasies after the convulsions, since the seizures often consumed most of the hour. Thus it was not always possible to trace the exciting cause of the convulsion to its source. However, the precipitating factors were often reacted to so directly that even with the sketchy knowledge of his life history, it was possible to arrive at rather convincing evidence as to the precipitating factors. This evidence could be checked by repeating the stimulus, which usually brought about a reproduction of aura sensations. Thus, for example, after using the word masticate, the patient had a seizure. Afterwards, in attempting to reconstruct the scene, he thought of the word masticate and felt distinct body sensations that he usually perceived in the aura. The significance of this word for the patient was not difficult to interpret; only later did it provide the link to an early childhood memory of autoerotic activity with an older brother. The recounting of dreams was frequently the precursor of an attack; describing a previous attack, the beginning of some strong emotional response or affect, all produced convulsions during the analytic hour.

Subsequently a new phase developed in which he was afraid to have convulsions, and there were hours of great resistance and silence in order to avoid them. In general the flow of material kept pace with the convulsions and his dreams. In periods of resistance there were fewer dreams, fewer convulsions and long periods of silence. These periods were indications not merely of the fear of having a convulsion but were also an expression of the exhibitionistic and provocative aspects of the seizures. The analysis of this resistance did succeed, however, in opening up a new flow of material. The seizures returned, but whereas previously they had occurred almost daily only during the analytic hour, now they also occurred at other times. Curiously enough, if the patient did have a seizure in the office he always recovered before the end of the hour.

At this point it would be well to summarize the factors

which seemed to precipitate the epileptic seizures. Generally one might say that all situations which increased the tendency to discharge tensions were potentially capable of setting off an attack. Then, all stimuli which enhanced his instinctual demands or which weakened his defenses were dangerous. Those areas in which instinctual components had undergone repression were particularly vulnerable; all stimuli which were historically associated to a traumatic event were convulsogenic. Finally all stimuli associated with the convulsion itself were perceived as a danger. In a sense the aura not only warned him of the impending seizure but also created more anxiety, therefore more tension was accumulated and the convulsive threshold was lowered. Hendrick [16] points out that the aura is a vestige of a previously experienced anxiety attack, but this cannot be completely confirmed in this case. The aura was partially an anxiety equivalent but it had another meaning as well. The patient felt body sensations akin to the sensations of orgasm. This would also fit in with Freud's [17] derivation of the unconsciousness in hysterical attacks from orgasm sensations.

The value of analyzing the aura sensations and images was stressed by Hendrick in his paper, whereas in this case it seemed that the period following the convulsion was the most productive. The fantasy changed from 'some one is cutting off my penis' or 'has cut off my penis' to 'I have to go to Texas to find a girl to marry me'. These fantasies frequently occurred together, in fragments or complete, with the sequence not consistent. Analysis of the 'Texas Girl' revealed her to represent, on a superficial level, the 'good girl' in contrast to the Los Angeles girl. On a deeper level she represented a girl like his sister, and then, his mother. The most consistent

[16] Hendrick, Ives: *Op. cit.;* also *cf.* Isakower, Otto: *Patho-Psychology of Falling Asleep,* Int. J. Psa., XIX, 1938.

[17] Freud: *General Remarks on Hysterical Attacks. Loc. cit.* Also Simmel, Ernst: *Sleep Disturbances,* as yet unpublished, where he emphasizes the connection between the interruption of the onanist's orgasm and spells of unconsciousness.

version of the fantasy was 'Someone has cut off my penis and I have to go to Texas to get married'. This was reconstructed as: 'Since I have been castrated I can now be allowed my incestuous wishes'. There are other reconstructions possible but this version was the most useful. The 'Texas Girl' marriage probably represents the masturbation fantasy which was most deeply repressed. The fantasy had two components, a painful and pleasurable one, which can be explained in many different ways.[18]

There was a final addition to the fantasy during the seizure. It is important to remember here the beginning of his treatment when the patient was hypnotized and given the command to think of his spell and to repeat what came into his mind. At that time he recalled some vague event of childhood that concerned some dogs and boys in a barn, which he felt was connected with masturbation. This theme was not developed further until near the end of his analysis. When the barn incident again appeared in the material the patient was not aware of ever having mentioned it before. There was a complete amnesia for the hypnosis and the events immediately following it. In its place, however, there appeared a specific substitute in his epileptic fantasies. In each seizure, after his penis had been cut off, he fantasied that I now appeared and told him that if he could remember this after the spell, he would be cured. This was a repetition of the feelings he must have experienced in the hypnosis when he was commanded to tell his associations to his spells and was unable to do so. This entire sequence of events was repressed, but now recurred in the fantasies during the seizures. Attempts to give the patient insight into his situation did not seem very fruitful and he always remained sceptical in regard to these interpretations.

Nonetheless, certain details concerning the barn incident did come to light. The patient was able to recall that the

[18] For example, Fenichel's expression 'prophylactic autocastration' is also applicable in this instance.

boys first manipulated the dogs sexually, then became aroused themselves and indulged in anal intercourse and fellatio, both active and passive, with one another. It thus became intelligible why the barking dog precipitated the onset of the seizures. Furthermore, it produced another determinant of the sudden noise as a precipitating factor. It also lends itself to speculation on the significance of the loss of hearing in the patient during the preconvulsive phase. Noises are associated with masturbation, homosexual and pregenital impulses. The barking dog was the exciting cause of the first seizure since it impinged on this repressed infantile nucleus. The loss of hearing may be explained as an attempt of the ego to block the perception of the impending traumatic stimulus. This is similar to Kardiner's [19] idea of ego-shrinking and blocking of functions in traumatic neuroses. It is also reminiscent of Rado's [20] 'riddance' principle as a primitive defense mechanism. It is also conceivable, however, as a dysfunction on an organic basis.

The barn incident and the repression of the hypnosis are connected, since both had important elements of passive submissive sexual strivings for the patient. Perhaps the hypnotic situation stimulated the return of the barn incident, rather than the command to associate to the epileptic spell. At any rate, there is no doubt that the patient's having been hypnotized by the analyst was a decisive element in his transference resistance.

In the last month or so of treatment the convulsions occurred on the average about every ten days. The fantasies remained the same and the patient was also beginning to become aware again of fighting with his father in the fantasies. The passive homosexual content of his dreams became more prominent and he was beginning to gain some insight. His attacks occurred in storms of three or four in two or three days, followed by two weeks of complete freedom. Unfortunately at

[19] Kardiner, Abraham: *Op. cit.*

[20] Rado, Sandor: *Developments in the Psychoanalytic Conception and Treatment of the Neuroses.* This QUARTERLY, VIII, 1939.

this time his parents interfered with the continuation of his analysis, since they felt he was losing faith in God. They enlisted the aid of their minister and succeeded in reënforcing the patient's own resistances to such a point that he was willing to go to a chiropractor for a trial treatment.

The analysis was interrupted at this time. The patient was seen about two months later when he reported that the chiropractor had prescribed benzedrine sulphate tablets. After taking this medication the patient had a bizarre type of reaction in which he felt the impulse to rape his sister and then *hoped* to become unconscious. For three days he was in a stuporous, delusional state, was transferred to the county hospital and then recovered. Since that time he continued to take the phenobarbitol prescribed in the hospital. His seizures appeared about once monthly, but he felt that he must go to Texas and lead a freer life. He had a strong guilt feeling toward me for having deserted the treatment. He was not sure how much the analysis had helped him and had only a little insight.

A summary of the clinical highlights in this case reveals the following significant trends: strong aggressive, hostile, criminal drives; passive, homosexual longings; exhibitionistic, scoptophilic impulses—all present in part as reaction-formations as well as direct instinctual manifestations. The tendency to accumulate tensions instead of discharging small quantities and the blocking of vasomotor outlets with a shift to the central nervous system were striking. The aura was found to be an anxiety equivalent as well as an orgasm derivative. In the seizures, fantasies appeared which contained a castration idea and an allusion to incestuous wishes, as well as a repetition of his hypnosis experience. In the preconvulsive and postconvulsive state murderous, sadistic and destructive drives were occasionally fantasied. The first attack was precipitated by a stimulus which was associatively connected with infantile repressed material. Later the seizures were precipitated by similar stimuli as well as by all situations that increased the internal tensions—either anxiety, sexual excitement, or rage. The most important obstacle in the analysis was the inability

to analyze successfully the passive homosexual aspects of the transference.

The clinical picture has to be differentiated from hysterical attacks, with which it has much in common. Both are based on the return of repressed material, the repression of pregenital instinctual components and, I believe, both contain the tendency to accumulate tensions. (Is this last not a characteristic of all sufferers from 'spells'?) The difference between hysteria and genuine epilepsy can be noted in the gross picture. Dreyfuss described the epileptic attack as the sight of a man in a terrible rage, felled and held prisoner by some invisible bonds. The gross picture in hysteria is less consistent, there is less rage and more sexuality on the surface. Microscopically, the essential difference lies in the regression of the epileptic: the prevalence of pregenital characteristics and drives and the predominance of hostile aggressive strivings. In hysterics phallic strivings are in the foreground. The greater regression in epilepsy is seen also in the deeper unconsciousness and the prevalence of self-injury. Freud's remark that the hysterical attacks are nothing but fantasies projected and translated into motor activity and represented in pantomime [21] is an adequate way of summing up the picture. As a postscript one might add that the *petit-mal* attack, which was observed, had the characteristics of an hysterical attack and seemed to be more closely connected to an autoerotic derivative.

If we return now to the questions raised at the beginning of this report, one might answer them as follows: There seems to be a psychological predisposition to genuine epilepsy, namely, strong anal sadistic trends. All psychological stimuli which increase the internal tensions, especially those which touch on a repressed infantile nucleus, may precipitate the attack. The attack itself is a trauma and is reacted to with the phobic mechanisms we see in the hysterias. This gives a secondary phobic superstructure to the clinical picture. The attack may also be felt as a punishment and be submitted to in a

[21] Freud: *General Remarks on Hysterical Attacks. Loc. cit.*

masochistic way. Finally the seizures may permit the discharge of hitherto repressed fantasies.

With regard to the problem of classification, one might say that this case belongs in the category of the pregenital conversion hysterias,[22] or organ neuroses. We might formulate that an unconscious constant need to discharge aggression stimulates certain cortical areas in the brain, which are predestined as an archaic discharge center. Where this center is hereditarily predisposed to dysfunction it may become the most accessible vehicle for the expression of the unconscious needs. All these constructions and theories are to be considered as tentative. It will be necessary to accumulate more clinical material before attempting any concrete formulations.

[22] *Cf.* Fenichel, Otto: *Outline of Clinical Psychoanalysis,* Chap. on Pregenital Conversion Hysteria. New York: Psa. Quarterly Press and W. W. Norton & Co., 1933.

SELF-PRESERVATION AND THE DEATH INSTINCT

BY ERNST SIMMEL (LOS ANGELES)

There is a certain uneasiness among psychoanalysts today regarding those fundamentals of psychoanalytic theory, the theories of the libido and of instinct. This uneasiness originated when Freud in Beyond the Pleasure Principle developed a dualistic instinct theory which assumed that life in its normal as well as abnormal manifestations was controlled by the antagonistic dynamics of a libidinal, constructive life instinct and a nonlibidinal, self-destructive death instinct. It should be remembered that Freud's first fundamental instinct theory, developed on the basis of the clinical study of the transference neuroses, was also dualistic. It envisaged a conflict between the ego and the sexual instinct, or, as Freud phrased it at the time, a conflict between ego instincts and sexual instincts.

In his Introductory Lectures [1] Freud says, 'Psychoanalysis has never forgotten that nonsexual instincts also exist; it has been built upon a sharp distinction between sexual instincts and ego instincts; and in the face of all opposition it has insisted *not* that they arise from sexuality but that the neuroses owe their origin to a *conflict* between ego and sexuality.'

The ego instincts were the instincts of self-preservation. Freud once formulated this principle of self-preservation inherent in the ego instincts in a very simple way when he said, 'The ego in *all* its conflicts can have no other aim than to maintain itself'.

The instinct theory with which Freud started his psychoanalytic researches thus had one thing in common with the theory with which he concluded it: the principle of a dualism

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1 Freud: *Introductory Lectures on Psycho-Analysis.* London: Allen & Unwin, 1933, p. 294.

reflecting the dynamics of two instinctual and opposing energies.

The formulation of the first conception thus was *self-preservation versus sex,* or, as Freud phrases it, in biological terms: 'The ego, in its capacity of independent individual organism, had entered into opposition with itself in its other capacity as a member of a series of generations'.[2]

Freud went far along the path of psychoanalytic research until, having started out from a dualistic theory concerning a conflict *with* the ego, he finally arrived at the conception of an instinctual conflict *within* the ego: a struggle of one part of the ego which desires to keep alive against another part which desires to destroy itself. Along the way, he repeatedly found it necessary to reëxamine his basic concepts of libido and instincts and to change, or, respectively, enlarge them.

This paper is an attempt to advance another theory concerning the dualistic theory of instincts, which differs to a certain degree from Freud's views.[3] It substantiates Freud's

[2] *Ibid.,* pp. 345–346. It is apparent that Freud was inclined to assume that the conflict between two instinct categories pointed to an ultimate conflict between self-preservation of the individual on the one hand, and reproduction as preservation of the species on the other. However, he emphasized that this biological antagonism seemed to him of no importance, as it was not applicable to the study of transference neuroses.

[3] I presented my theories at various meetings of the German Psychoanalytic Society, and the International Psychoanalytic Association, as far back as 1921. As early as 1924, I summarized them at the Innsbruck meeting, giving a paper on the subject of *Primary Repression* (Urverdrängung) *and Intestinal Libido,* and later at Wiesbaden in 1932, under the heading of *Pregenital Instinct Primacy and Libido Organization.* These studies dealt with the vicissitudes of ego libido, precisely the problem to which Freud had again and again called the attention of psychoanalysts, requesting them to study it. This because the field of ego psychology still was largely unexplored, and promised to yield results important for a deeper understanding of the psychopathology of certain personality disorders.

When I considered the advisability of presenting my theories in book form, I decided to put it off for the following reason: I found myself at that time unable to fit my theory into the freudian concept of a dualistic theory of libidinal eros instinct versus nonlibidinal death instinct. My theories had been developed independently of and partly previous to Freud's publications on this subject. I started work on a paper which bore the title: *On the Ubiquity of Introjective Destruction.* Since Freud in the meantime had published

view that the fundamental conflict which binds and disrupts extra-individual life is also responsible for all intra-individual disturbances. It is an eternal conflict between constructive and destructive principles: the ambivalent conflict between love and hate. However, it deviates from that of Freud as soon as we come to the discussion of the essence of libido, and its rôle in the conflict between the two above-mentioned principles.

Anticipating, I may say that I do not consider the destructive energies to be manifestations of a death instinct, but instead to be the manifestation of an instinct of self-preservation. In accordance with Freud's last concept of libido, the need of self-preservation is to be considered a *libidinal* component of the ego. If one accepts this then there is an apparent contradiction from the very beginning in ascribing destructive tendencies to the ego instinct of self-preservation. That we are aggressive and destructive when faced with the necessity of defending our endangered self sounds sensible though banal. However, to maintain that we derive the destructive instinctual energies for such emergencies from the reservoir of libido appears to be clear-cut libido-theoretical nonsense. And this because in accordance with Freud's latest concepts, libido is precisely that instinctual energy which is supposed to *bind* substances, not to aim at their disruption and *destruction.*

Before one can expect to accept the assertion that there is no actual contradiction between these two statements one must briefly review the development of Freud's theories of libido and instinct. Freud himself finally broadened the concept of libido to such an extent that we have no practical or theoretical difficulty in including the destructive energies within the libidinal nature of the instinct of self-preservation.

Beyond the Pleasure Principle, it was only natural for me to suspect that my own theories might be all wrong and that I should wait for further publications by Freud, testing meanwhile my own hypotheses by further clinical observations. Today I am convinced that my original assumptions were correct, for they can be used as a working hypothesis to shed new light not only on the genesis and dynamics of transference neuroses but also on narcissistic neuroses, psychoses and problems of psychosomatic medicine.

Let us recapitulate Freud's formulation of instinct and libido:

'An "instinct" appears to us as a borderland concept between the mental and the physical'. . . .[4] 'An instinct may be described as having a source, an object, and an aim. The source is a state of excitation within the body, and its aim is to remove that excitation; in the course of its path from its source to the attainment of its aim the instinct becomes operative mentally.'[5]

Freud further characterizes the sexual instinct as an instinct with the specific aim of providing organic pleasure to certain erogenous zones of the body. The chief erogenous zones of childhood are the mouth, the anus and the genitals. The experience of pleasurable sensations in these zones, gained in contact with the object, establishes the child's object relationships, even though the sexual character of these zones become recognizable as such only later, when the erogenous zones are organized under the primacy of the genital zone, and enter the service of the function of reproduction.[6]

Now let us return to the original concept of libido. 'Libido is the investment of energy, directed by the ego towards the object of its sexual desire.'[7] Freud differentiates three phases of libido development: the oral, the anal and the phallic, which precede the genital libido organization. He abandoned his original idea that pregenital erogenous zones go 'preying separately' in search of organ pleasure. He discovered that in the pregenital stage there already existed an organization of sexual component impulses which determine the infant's choice of the object and that this pregenital libido organization has destructive characteristics. This is the anal-sadistic organization of the libido.

On the other hand, Freud has frequently used the term

[4] Freud: *Instincts and Their Vicissitudes.* Coll. Papers, IV, p. 64.

[5] Freud: *New Introductory Lectures on Psychoanalysis:* Anxiety and Instinctual Life. London: Hogarth Press, 1933.

[6] *Cf.* Freud: *Instincts and Their Vicissitudes.* Coll. Papers, IV, pp. 68–69.

[7] Freud: *Introductory Lectures on Psychoanalysis.* Op. cit., p. 346.

'oral stage of libido development' as synonymous with 'cannibalistic stage of the libido'. Since cannibalism is doubtless of a destructive character, we see that destruction and libido are not irreconcilable opposites in Freud's original theories. Later he assumed that these two energy categories ordinarily appear simultaneously, and that every stage of development of the sexual instinct corresponds to a specific stage of development of the destructive instinct.

Freud has always stressed the point that in the beginning of life, the infantile sexual instincts 'support themselves by the instincts of self-preservation'.[8] It is evident that Freud considered the oral stage of the libido, the tendency to cannibalistic destruction, and the manifestations of the instincts of self-preservation to be identical or at least coördinated. These three terms are placed side by side, as a preparation for the new theory; to demonstrate that, in discovering a new field, nothing more was done than to pass through a door which Freud himself had opened without entering.

Freud frequently emphasized that the two principal forces reigning over the world were hunger and love. However, while concentrating on the study of the psychodynamics of the transference neuroses, he did not expect that the comparison of these two biological forces would in any way help him. He told us that psychoanalytic investigation concerning the instincts of self-preservation would have to wait until we had collected more knowledge about the ego itself or about what is happening within the ego, when, in obedience to reality, it has to ward off sexual-libidinal demands. Freud did not keep us waiting too long. He extended his research into the ego deteriorations of the narcissistic neuroses and psychoses and provided us with a deeper understanding of the fact that the ego 'in all its conflicts can have no other tendency than to maintain itself'. This means nothing more than that the ego must strive to keep up its *inner narcissistic libido equilibrium.*

[8] Freud: *Instincts and Their Vicissitudes.* Coll. Papers, IV, p. 69.

Following the observation that in the psychoses the libido withdrawn from the object-world returns to the ego and takes the ego itself as a substitute for the object, Freud was faced with the necessity of enlarging his original concept of libido. It could still be defined as an 'energy investment directed by the ego toward an object of its sexual desire'; but the fact that the ego regressively could become its own object proved that the reservoir of libido was contained within the ego itself, that libido as a psychobiological energy was primarily objectless and could be sent out or withdrawn by the ego in accordance with its needs. This retransformation of object libido into narcissistic libido and the subsequent damming up of ego libido was then considered the dynamic cause of such ego deteriorations as are seen in hypochondria and the paraphrenic psychoses.

The previous *qualitative* prerequisite for sexual libido, the provision of *organ pleasure,* lost its significance and gave way to the view of a quantitative distribution of narcissistic libido within the ego. The original concept of the tendency of the pleasure-pain principle, to provide pleasure and to avoid pain, had been enlarged into the concept of a principle the tendency of which is to keep the libidinal tension within the ego at a certain level beyond which pain or *Unlust* is experienced.

Anxiety is a specific phenomenon of this quantitative disturbance of the narcissistic libido equilibrium. It functions as an alert for the ego, causing it to set in motion either the adequate instinctual autonomic and outer motor discharges or, instead, the necessary psychic defense mechanisms.

The perception of anxiety constitutes the danger situation for the ego. Defined in terms of the instinct theory, we may say that the ego perceives itself as being in danger when it finds itself helplessly exposed to the driving energies of the instinct needs of the id. Fear of annihilation or death results from the concomitant perception that there is either an object stronger than the ego—the hostile object which opposes the release of tension—or that there is no friendly object avail-

able to bring about a release from tension which has become unbearable.

Freud's formulation: 'The ego, in all its conflicts, can have no other aim than to maintain itself' can be interpreted, therefore, in terms of the pleasure-pain principle. Anxiety is the signal to the ego that it is about to succumb to the frustration of a vital instinctual need. Anxiety is a manifestation of the disruption of the ego's narcissistic equilibrium. The ego's aim 'to maintain itself' therefore expresses its need to maintain or to restore to normal its inner narcissistic equilibrium.

The criterion of a normal ego is that it is unaware of itself when functioning as controlling agent, as passage or damming up basin for instinctual id energies. Its unawareness of itself is an expression of its perfect inner libidinal balance. On the other hand, the normal ego remains aware of the outer object world because the driving forces of its instinctual sources make it dependent on it.

The maturity of a normal ego may be described as based on the effective operation of its superego. The superego is a compromise formation. External object reality and internal instinct psychic reality have combined to establish it as a common representative within the ego, for the purpose of arbitration in conflicts between the demands of reality and the demands of instinct. The superego aids the ego in appraising the libidinal intensity of instinctual needs and their potentialities of satisfaction through objects. The effectiveness of the superego determines the capacity of a mature ego to perceive a situation of tension as a danger, and to react to it with the fear of death. (Fear of death is an anticipation of a final, irreparable disruption of narcissistic libido equilibrium.) If appraisal reveals a condition of permanent and absolute helplessness because the object, 'the thing by means of which the instinct achieves its aim', is and will remain out of reach, then there still remains the possibility of avoiding the fear of death by means of a new distribution of narcissistic libido between ego and superego itself. The superego is able to take the place of the object and bind the frustrated object

libido after its transformation into narcissistic libido.[9] An effective superego can provide the ego with temporary instinct security, like its parent prototype, and thus act as a preventive against fear of death. It seems that this must be the meaning of a remark which Freud once made to the effect that 'the fear of death concerns an interplay between the ego and the superego'.[10] A mature man thus becomes capable of fearless dying by virtue of a well-functioning superego.[11]

Self-preservation is ultimately an attempt to preserve the coherence of the structural unity of the ego by means of an adequate distribution of narcissistic libido. *Self-preservation indicates the ego's tendency to keep itself free from anxiety.*

Freud's original teaching was that the whole host of psychoneurotic and psychotic disorders arise from the struggle of the ego to fight off anxiety. Psychoneurotic disorders result from the ego's need to set defense mechanisms in motion, because anxiety, as an expression of the tension of instinct needs, lacks adequate somatic discharges. The ego, caught in the conflict between object-frustrations and libidinal claims, is in danger of losing its inner economic balance and therewith its structural coherence.

In retrospect, we may say that Freud's original dualistic concept of ego self-preservation versus id instinctual claims, has fundamentally retained its validity. Since its formulation we have come to understand the preservation of the self as a manifestation of the pleasure-pain principle. Thus it was logical for Freud to accept the libidinal nature of the 'instincts of self-preservation'.

How does Freud's latest assumption of a nonlibidinal aggressive destructive death instinct fit into this scheme? How can

[9] Freud taught us to understand that an increase of self-esteem results from instinct renunciation.

[10] Freud: *The Ego and the Id.* London: The Hogarth Press, 1927, p. 86.

[11] However, fearless dying is also a capacity of aged persons because, by virtue of their age, their instinctual sources have ceased to make instinctual claims and they are thus less apt to be helplessly exposed to instinct needs and consequently less exposed to disturbances of their narcissistic libido balance.

the thesis of this destructive instinct be fitted into the theory of neuroses and psychoses?

The ambivalence conflict of love and hate which underlies all psychic disorders appears in a new light when we assume instinct energies with destructive qualities only. How can we apply the theory of a nonlibidinal death instinct to the generally accepted theories of neuroses and psychoses? Would this assumption not entail a revision of the metapsychology of psychic disorders? Freud himself did not undertake the task of reviewing the theory of the neuroses under his new dualistic perspective. And the attempts made by other psychoanalysts in this directions have apparently not yielded satisfactory results.

It is here that the assumption of an instinct of self-preservation with object destructive energies would fill the gap in our understanding of the rôle of hate and destruction in the genesis of the psychoneuroses.

We may ask ourselves whether the necessity for self-preservation is not itself sufficiently intelligible as a manifestation of the libido in its widest sense. Is it necessary to establish a separate instinct for the purpose of self-preservation, which would have the psychobiological task of providing specific gratifications which simultaneously help to maintain the integrity of the ego?

Freud obviously thought this hypothesis unnecessary. He considered the striving for self-preservation explicable on the basis of the libidinal energies of the sex instinct, which now becomes eros. The complications encountered by this striving he considered due to the antagonistic functioning of a separate instinct of self-destruction.

Freud predicated an instinct of self-destruction because self-destruction obeys the ultimate tendency of all instincts to remove organic excitation and to reinstate the earlier condition of instinct repose. Complete self-destruction removes the excitation of all organic sources, and reinstates the inorganic condition of the substance which is death.

Many psychoanalysts have been willing to accept Freud's assumption of self-destruction as a cardinal principle of nature.

They have, however, hesitated to accept his definition of this principle as an instinct because the death instinct shows only one of the three characteristics of instinct, namely the aim of removing excitation. But there is neither a specific organic source nor an object which could be considered characteristic for a death instinct.

The specific instinct of self-preservation actually fulfils all the requirements of Freud's earlier complete definition of an instinct. Let us examine the instinct of self-preservation by pursuing the method used by Freud to study the sex instinct. All the manifestations of the love life were reduced to one cardinal sex instinct. The instinct of self-preservation has an abundance of manifestations, varieties and derivatives, all of which can also be traced back to the demands of a single organic zone. Furthermore, the instinct of self-preservation has a particular significance for the establishment of a perfect narcissistic libido equilibrium, resulting in complete instinct repose.

What is the origin of the principle of self-preservation? What are its three characteristics: organic source, aim and object?

The origin is the instinct to devour. Its organic source is the gastrointestinal tract.[12] Its aim is to remove the stimulus from the gastrointestinal tract and its object is food. The ultimate aim, represented only in our deepest unconscious as a sort of unconscious instinctual knowledge, is the aim of self-preservation and self-development. This may be contrasted to the ultimate aim of the sexual instinct, that of reproduction. In the latest concept of the libido, Freud abandoned his original idea of the nonexistence of an ultimate aim of the sex instinct. When he defined libido as 'the energy mani-

[12] In a paper, *Repression, Regression, and Organic Disease,* I once called it 'the animal within us'. Biting and devouring, in an animal, not only serve the purpose of nourishment but also constitute the sole means of aggression if flight is impossible. We have inherited the devouring tendency from our animal forbears, not from our human cannibalistic ancestors, who merely handed it on to us.

festation of the eros instinct, which strives towards the *synthesis of living substances into larger entities'*, he certainly included reproduction.

If we accept Freud's definition of the libido as an energy aiming at 'the synthesis of living substances', we find to our surprise that we can fit the destructive energy of the instinct of self-preservation, as defined above, into the category of libidinal energies. The instinct of self-preservation, like the sex instinct, aims at the 'synthesis of living substances'. The instinct of self-preservation seeks to achieve this aim within the individual, while the sex instinct extends beyond the borderline of the individual. Gratification of the sex instinct removes the excitation of its organic source and preserves the object, whereas gratification of the instinct of self-preservation removes the excitation of the gastrointestinal zone and destroys the object.

Freud's encompassing definition of libido makes it permissible to reconcile my thesis of destruction as a manifestation of ego self-preservation with his view that the ego instincts are of libidinal nature.

There are valid reasons for assuming that all the variations of aggression and destructive tendencies which may develop in the course of life are derivatives of the primitive demands of the gastrointestinal zone.

In order to make it comprehensible that the ego instinct, aiming at a reinstatement of the narcissistic libido equilibrium, aims primarily at complete instinct repose, it is necessary to recapitulate Freud's statements concerning the development of ego libido.

Libido is first and foremost narcissistic libido. From its reservoir, libido can be sent out and taken back. It acquires the character of object libido only through a change of attachment.

Freud distinguished three stages in the development of narcissistic libido. In a sequence which is the reverse of their chronological development they are as follows: in the œdipus

conflict, the child responds to the frustration of his object libido with a stage of secondary narcissism. He takes his ego as a substitute for the frustrating object. This is possible because the infantile ego has previously been in a state of primary narcissism. Primary narcissism is a condition in which the infantile ego has discovered itself because of a synthesis of its autoerotic strivings, derived from all its partial erogenous zones. This stage of primary narcissism develops from what might be called a condition of 'primordial narcissism'. This primordial narcissism existed before birth, in utero. It is the vegetative stage of the pre-ego, identical with the id. In this stage there is complete instinct repose. During prenatal existence, narcissistic libido does not have to leave its reservoir to become attached to an object. No pleasure premium gratifications are needed to induce the infant to search for an object, because there is no stimulation of any organic source. The maternal object, 'the thing by means of which' the instinct of self-preservation 'achieves its aim', functions automatically. Likewise there is no need to perceive object want. Complete instinct repose is identical with perfect narcissistic equilibrium and is reflected mentally in a condition of unconsciousness, which is broken by the act of birth.

The trauma of birth, as Freud formulated it, consists in an out and out disruption of the infant's prenatal narcissistic equilibrium. It is through the act of feeding after birth that the infant regains his complete narcissistic equilibrium and becomes unconscious again, i.e., falls asleep. *It is the satiation of the gastrointestinal zone—the representative of the instinct of self-preservation—which brings about this complete instinct repose.* Thus preservation of self, from the very beginning of life, becomes associated in our mind with the tendency to preserve or to regain complete instinct repose.

My fundamental thesis is that the most primitive stage of libido development is not the oral, but the gastrointestinal libido organization, because only through the satiation of the demands of the entire gastrointestinal tract is the infant capable

of regaining general instinct repose. Mouth and anus are merely to be considered the terminal parts of this organic zone, which establish its contacts with the object world. Pleasurable sensations at these terminal zones are essentially forepleasure mechanisms, introducing the end-pleasure of digestion. The operation of the entire gastrointestinal zone is necessary to give the process of feeding the quality of a cannibalistic act. For only hereby does the intake of mother's milk become the incorporation of the maternal object, while simultaneously reëstablishing the psychological union which existed between the infant and the maternal object before birth.

In terms of libido theory, we may say: during the postnatal feeding process, narcissistic libido leaves its reservoir and returns to it without undergoing any alteration in quality. It has indeed reached an object, but the satisfaction which this object provides serves only the need to restore the narcissistic libido equilibrium. It is just this psychological constellation resulting from the postnatal act of nutrition which substantiates Freud's statement that, in the beginning of life, the qualities of narcissistic libido and object libido are indistinguishable.

The act of feeding is a receptive, but not merely a passive one. A syndrome of striated muscles must come into play to make it possible for the infant to find the maternal breast and to hold on to it until complete intestinal satiation is achieved and unconsciousness reëstablished.

The surrounding world disappears from conscious perception through satiation of the gastrointestinal instinct zone. Inextinguishable memory traces of this primordial postnatal experience doubtlessly remain throughout life and there is sufficient clinical evidence, which cannot be presented here, to prove that these same primordial experiences are the prototype of certain later defense reactions of the individual—physical as well as mental—which occur when the ego, faced with unbearable object frustrations, is in need of reachieving instinct repose.

On other occasions [13] it has been demonstrated that not only the defense mechanism of introjection but also that of repression is a psychic derivative of the act of devouring which effects the disappearance of the object from conscious perception. Here it is sufficient to refer to the affect of rage and its somatic discharge through adequate outer motor innervations.

Rage must be considered the emotional manifestation of a disturbed narcissistic equilibrium, caused by the frustration of instinctual needs. It is the primordial affective condition reflecting the infant's physical sensation of hunger. By the act of feeding (incorporating), the infant regains its narcissistic equilibrium and overcomes its rage.

The reactive wish to kill the frustrating individual, expressed in the later ambivalence conflict, is fundamentally nothing other than the wish to repeat the primordial experience of devouring in order to become free of the unbearable tension which takes the form of rage. The aggressive tendencies of the individual, which are aroused as a reaction to object frustration, irrespective of the executive organ (mouth, teeth, hands, or even weapons) are unconscious derivatives of the demands of the gastrointestinal zone.

Hate is likewise the emotional expression of demands of the gastrointestinal zone, just as love is the emotional expression of the genital zone. To support this thesis, one must go into a detailed investigation of the affective reaction of the infant to the trauma of birth, and particularly the relationship between primordial anxiety and primordial rage. To be brief: rage, like sexual excitation, is primarily without an object. Both affects become object related through their emotional expressions. We hate objects because they arouse our object hunger by denying its gratification.

[13] Simmel, Ernst: *Repression, Regression and Organic Disease* (read at the semi-annual meeting of California Analysts, San Francisco, 1940) and *Die Psycho-physische Bedeutsamkeit des Intestinalorgans für die Urverdrängung* (The Psychophysical Significance of the Intestinal Tract for Primary Repression, read at the 8th International Psychoanalytic Congress, Salzburg, 1924; abstract published Int. Ztschr. f. Psa., 1924, X, p. 217–223).

Language is often a monument to the forgotten meanings of the original concrete ideas underlying words. The German word for 'hatred' is *Hass.*[14] *Hass* is derived from *hatzen; hatzen* means hunting, and hunting is the pursuit of an animal for the purpose of killing and devouring it. Thus the ultimate aim of hate is the incorporation of its object. The act of devouring and the process of digestion might thus be considered the adequate discharge for rage into external motor innervations, as well as into inner motility; for hatred is the emotional equivalent of the affect of rage.

Freud's three terms of what was considered the earliest stage of libido development were cited above. He called it the 'oral stage', and 'the cannibalistic stage', but he also suggested that at that stage the infantile libidinal sex instincts rest upon the instincts of self-preservation. It is now assumed that these three characteristics actually describe one psychobiological fact, namely, the operation of the libidinal destructive instinct of self-preservation, manifesting the demands of the gastrointestinal tract.

What is the relation between this instinct of self-preservation and Freud's concept of the death instinct? Both concepts have the state of unconsciousness as a common aim. As we have seen, the first gratification of the instinct of self-preservation after birth results in unconsciousness as an expression of complete instinct repose. This condition of absolute unconsciousness may be considered the mental equivalent of physical death. Freud believed the immanent striving of our mental system towards release of tension to be characteristic of the operation of a death instinct. 'Our recognition that the ruling tendency of psychic life . . . is the struggle for reduction, keeping at a constant level, or removal of the inner stimulus tension (the Nirvana principle, as Barbara Low terms it)—a struggle which comes to expression in the pleasure principle—

[14] *Cf.* Kluge, Friedrich: *Etymologisches Wörterbuch der deutschen Sprache.* Strassburg: Verlag von Karl I. Trubner, 1910.

is indeed one of our strongest motives for believing in the existence of death instincts.' [15]

Freud rightly places particular emphasis on the effectiveness of the Nirvana principle in our mental life. However, in the relationship between this Nirvana principle and our destructive instinct energies, there does not seem to be so much a tendency toward self-destruction as toward destruction of the object; for object destruction serves the purpose of self-preservation, that is, the preservation or reëstablishment of the ego's narcissistic equilibrium.

Memory traces of the primordial experience of achieving unconsciousness as a result of devouring associate the impulse to destroy an object with loss of consciousness.[16] The ego, in its search for this state of unconsciousness and instinct repose, withdraws its libido from the outer world into the libido reservoir. However, since the libido has taken on devouring gastrointestinal qualities, its withdrawal may have consequences destructive to the mental and physical systems. The mature individual's ego equilibrium does not express itself in complete unconsciousness, as in the case of the infant. The mature and healthy ego is unaware of itself while functioning in accordance with the demands of object reality. Under pathological conditions, the instinct of 'self-preservation', released in its full instinctual strength and unrestricted by the sex instinct, would compel the individual to kill the whole surrounding world for the sake of his own complete instinct repose. This seems to be the emotional condition of the schizophrenic mass murderer, who is linked to the environmental world only by his gastrointestinal instinctual demands.

To summarize: the genital primacy of our libido organization is preceded by a pregenital gastrointestinal primacy. The

[15] Freud: *Beyond the Pleasure Principle.* London: Int. Psa. Press, 1922, p. 71.

[16] Perhaps therefore in later life unconsciousness inversely may be used as a defense against aggressive-destructive impulses. Phenomena such as fainting, narcolepsy, etc., thus find a possible explanation as regressive phenomena.

gastrointestinal primacy, operating as the primitive agent of our ego libido, never ceases to exert its instinctual power. A continuous conflict between these two instinct primacies persists throughout life. The intestinal primacy becomes subordinated to the genital primacy in the maturing process of the individual, in the ascent from primitive object relationship, governed by hatred, to a civilized object relationship, governed by love. The conflict of ambivalence reflects the conflict between these two instinct primacies.[17] It underlies all normal and abnormal phenomena of the mental life, intramentally as well as in interpersonal relationships.

This theory may provide us with a wider understanding of the theory of neuroses in so far as the conflict of ambivalence is concerned. Roughly formulated, the theory of psychoneuroses and psychoses would be: in every traumatic experience, based on a frustration of object love, the ego tends to abandon its genital libido primacy in an exchange for the gastrointestinal libido primacy. The cardinal trauma of castration loses nothing of its significance, since it endangers just that organ zone which, under the genital primacy, mediates contact with the object.

A trend towards regression from the genital primacy to the gastrointestinal primacy as a reaction to object love frustration implies that the ego always tends to reinstate the condition of complete instinct repose, as once experienced following the postnatal act of feeding.

Nirvana, i.e., the condition of complete instinct repose, is the basic attraction of all regressive trends which constitute mental

[17] This conflict arises early in infantile life, first on a biological basis, as Lipschütz discovered (Lipschütz, Alexander: *Die Pubertätsdrüse und ihre Wirkungen.* Berne: Bircher, 1919, quoted from Freud: *Three Contributions to the Theory of Sex).* 'The interstitial portion of the sex gland, the factors determining the specific biological urge, develop early in infancy—in a so-called "intermediary phase of puberty". This happens at a time when the gastrointestinal primacy is still in full flower. At this period, genital libido is of secondary importance and remains so until the maturing of the gonads endows the genital organ with the leadership in the ego's search for object contact, taking it away from the end zones of the gastrointestinal tract—the anus and the mouth.'

disorder. Rank, in his view of the significance of the trauma of birth for the genesis of neuroses, was not mistaken, but he failed in his interpretations. We do not want to repeat the trauma of birth. What we tend to repeat is the aggressive gastrointestinal alimentary act by which we were able to annul the trauma of birth, i.e., to reëstablish the condition of release of all tensions.

In the narcissistic neuroses and psychoses the ego has finally abandoned the genital primacy and has given in to the gastrointestinal primacy, the guarantor of complete instinct repose.

In the transference neuroses the ego is arrested on the way to its ultimate aim of regression by stages of libidinal object fixation, where there already existed a fusion of immature sexual libido with gastrointestinal libido. These are the phallic and anal stages.

Space does not permit the presentation of detailed clinical evidence as to what the significance of this theory would be for an enlarged understanding of the theory of the neuroses and psychoses. However some proof should be offered that the theory actually justifies its claim to validity, the criterion of which is that it can be used as a working hypothesis for further research in the field of mental disorders. Viewed through the perspective of the theory, it is evident that the manifestations of the neuroses and psychoses essentially reflect a defense of the ego against the dangerous consequences of its regressively awakened destructive, i.e., devouring tendencies. The basic conflict of the ego, in which it strives 'to maintain itself', consists in the dilemma of being caught between two alternatives, that of preserving the frustrating object, and that of preserving itself, i.e., its narcissistic equilibrium. The way of regression which the ego traverses from the transference neuroses via the narcissistic neuroses towards the psychoses demonstrates the ego's choice between the two alternatives. In the transference neuroses it decides in favor of the object on whose existence it depends for the fulfilment of its demands of love and security. In the psychoses it

tends to sacrifice the object in the interest of achieving complete instinct repose or of reëstablishing the condition of primordial narcissism.

The hysteric, as we know, is capable of loving his object only under the condition that he exclude the genital organs from his love. What does this mean? It means that he restricts his unconscious devouring intentions to the genital organ of his object, the focus of his hatred. He has succeeded in localizing his hatred to a part of the ambivalent object, and can thus preserve his love for the object as a whole. The hysteric desexualizes his object relationship either by the unconscious fantasy of having introjectively destroyed the object's genitals or by defending himself against this wish. The globus hystericus indicates that the hated phallus was halted on its way down to the gastrointestinal tract. The vaginal anæsthesia of the frigid woman is a means of defense against the devouring tendency of the vagina, the demands of which unconsciously have been fused with the demands of the mouth.

The compulsion neurotic hates his object in its entirety and tends to devour it in toto. As a defense against this his hands are blocked, for they have assumed the symbolic significance of the mouth. Acting in general, because its aim is devouring, is inhibited and substituted for by thinking, 'the experimental way of acting'. Thus confined to endless ruminating, the compulsion neurotic is capable of preserving his object by discharging his hatred in his process of thinking.

In the narcissistic neuroses the ego is halted at the phase of secondary narcissism, while in retreat to the condition of 'primordial narcissism'. The libido is withdrawn from the object and placed upon the ego which substitutes for the object. However, since a regressive transformation of genital libido into gastrointestinal libido has simultaneously taken place, the tendency of the melancholy ego is to devour itself instead of the object. From a few clinical observations one may deduce that the suicidal attempts of melancholics actually symbolize their wish of self-devouring. In the self-torturing

accusations of the melancholic there is an 'intestinalization' of thought processes similar to the ruminant thinking of the compulsion neurotic. However, the compulsion neurotic uses the 'experimental way of acting' as a defense against devouring his object, while the melancholic introduces the process of self-torturing thinking as a defense against destroying himself.

By the 'intestinalization' of the process of thinking is actually meant an intestinalization of the relationship between ego and superego. We have learned from Freud that the severity of the superego results from the aggressions of the ego which it has suppressed and then 'made over' to the superego. In terms of gastrointestinalization, we might say that the superego has taken over the devouring tendencies of the ego and turned them against the mentally introjected object within the ego. The ego is thus tortured by *Gewissensbisse,* 'gnawings' of conscience, or remorse. The term 'remorse' is derived from the Latin word *re-mordeo,* meaning, 'biting again'. Biting is an initial act of devouring.

A few statements should be made about the ambivalence conflict in schizophrenic psychoses when viewed through the perspective of the operation of a gastrointestinal instinct primacy. Theoretically, the manic state of the narcissistic neuroses can be considered a transition to the schizophrenic psychoses. This conclusion is reached by applying the theory developed above to the well-known fact that the manic state represents the fusion of ego and superego. This fusion is the result of the devouring tendencies of the ego, directed against the superego. In a schizophrenic process, the superego shares the trend of regression with the ego and eventually assumes the significance of the primordial maternal object. In its final stage of regression, the ego tends to find instinct repose by devouring its superego, serving as a mother substitute. In this way, it frees itself from remorse, i.e., from being attacked by its own superego. It has however also lost the mediator between itself and object reality. Thus the ego has become retransformed into an id, for which every external

object is a mother object. The fact that in his relationship towards the object world, the schizophrenic takes everything as a substitute for the primordial mother object, largely determines his final inability to test reality. He feels himself linked to the surrounding world only through reliving the phase of 'magic, hallucinatory omnipotence'.[18] The aggressiveness of the schizophrenic individual indicates the tendency to incorporate this external object in order to return to the condition of primordial narcissism, i.e., to complete instinct repose.

The psychotic's 'break with reality' comes about because of the necessity of withdrawing his gastrointestinal devouring demands from the world of objects, with the aim of ultimately regaining complete narcissistic equilibrium, expressed in the condition of unconsciousness. The schizophrenic achieves this aim in the condition of stupor. A similar condition is brought about in a short cut by the coma of modern shock therapy induced by insulin, metrazol, or electric current. The necessity of destroying the object of ambivalence in order to achieve this end therefore becomes superfluous, at least temporarily. On the other hand, the innervations of the skeletal muscles, inducing convulsions, appear to be a repetition of the uncoördinated movements of the infant in which it discharges its primordial, objectless rage.

Retrospectively, we may be allowed to state that the process of defusion of constructive and destructive energies, which was expounded by Freud, corresponds to a trend inherent in the process of regression itself. It is a gradual shifting of the emphasis from genital object love to intestinal object hate.

Perhaps the doubts concerning the validity of regarding the theory of the psychoneuroses and psychoses from this perspective can be dispersed by viewing the one great infantile trauma which is responsible for all regressions—the trauma of object frustration, precipitated by the œdipus conflict.

This trauma is the second great trauma in the child's

[18] Ferenczi, Sándor: Stages in the Development of the Sense of Reality in *Contributions to Psychoanalysis.* London: Hogarth Press, 1916.

mental development. The first was the trauma of birth, which disrupted the balance of 'primordial' narcissism. The second, the œdipus trauma, disrupts the balance of primary narcissism. This disruption occurs when the child is about to attach its awakened but still immature genital libido to the parental objects. The infantile ego tends to restore its narcissistic equilibrium, disrupted by the second trauma, after the pattern of repair of the first trauma. This tendency means to give in to the gastrointestinal libido demands and to return to the earliest stage of life when there was only one object, the incorporation of which brought about complete instinct repose.

The process thus described is nothing but the final solution of the œdipus conflict by means of identification. Quoting Freud: 'When the œdipus complex passes away, the child must give up the intense object-cathexes which it has formed towards its parents, and—to compensate for this loss of object—its identifications with its parents, *which have probably long been present,* become greatly intensified'.[19] 'This identification has been not inappropriately compared with the *oral cannibalistic incorporation* of another person.'[20]

We see that the tendency to regress temporarily from the genital instinct primacy to the gastrointestinal primacy, in response to object deprivations, is a prerequisite for the normal solution of the œdipus complex. It is this regression which introduces the latency period, characterized by the desexualization of the parental object, that is, the erection of the incest barrier. The instinct renunciation on the genital level is compensated for by an instinct gratification of the gastrointestinal level. However, the actual physical act of incorporation is warded off by the mental act of introjection. There is evidence to indicate that superego formation comes about as a substitute for, and at the same time as a reaction against, the actual gratification of the devouring instinct. A

[19] Freud: *New Introductory Lectures on Psycho-Analysis.* New York: W. W. Norton & Co., 1933, p. 87.

[20] *Ibid.,* p. 86. (Italics mine.)

successful identification disposes of the hate between parent and child and allows a reëstablishment of the love relationship. The failure to achieve identification on the occasion of the first object conflict in life results in keeping the demands of the devouring instinct alive in the unconscious. This constellation establishes the conflict of ambivalence as a determining factor in the genesis and symptomatology of mental disorder.

It is important to understand how the highest achievement of the human mind—its conscience—arises out of the animalistic desire to devour our fellow creatures. To attempt such an understanding we should have to extend our psychoanalytic investigations from the ontogenetic development of the superego and the guilt complex to phylogenetic considerations and speculations concerning the rise of the superego out of the totem cult. In Totem and Taboo, Freud gave us a clue as to the evolution of the ontogenetic concept of guilt as it has developed out of the phylogenesis. The ontogenesis of the problem deserves a few remarks with regard to the two-sided aspect of the child's œdipus conflict which ends in the process of identification.

The child, caught in the œdipus situation, is torn by the necessity of choosing between two objects. However, the child has one emotional reaction common to his relationship to both parents: he hates them both. The boy, for instance, hates his father as his rival but he also hates his mother because she denies herself to him. His hatred is the emotional expression of his regressive tendency to return to the gastrointestinal primacy which governed his postnatal existence. He solves the problem of a two-sided hate by a condensation of both parental figures into one object, such as existed after birth. The wish fantasy of a phallic mother seems to be the outcome of this process of condensation, of father plus mother.

The castration complex does not lose any of its significance by this assumption. Only the much contested thesis of the

penis envy gains a new aspect. The mother's phallus represents to the unconscious of the child the rediscovered maternal breast, expressed in terms of demands of the genital primacy which, because of the œdipus conflict frustration, yields to the gastrointestinal primacy.

The unified parental object returns intramentally as superego, as 'the heir to the œdipus complex'. Again quoting Freud: 'Renunciation . . . gives rise to conscience'. . . .[21] 'The thwarting of the erotic gratification provokes an access of aggressiveness against the person who interfered with the gratification, and then this tendency to aggression in its turn has to be suppressed. So then it is, after all, *only the aggression which is changed into guilt,* by being suppressed and made over to the superego.'[22] Also: 'The relation between superego and ego is a reproduction, distorted by a wish, of the real relations between the ego before it was subdivided, and an external object. . . . The essential difference, however, is that the original severity of the superego does not—or not so much—represent the severity which has been experienced or anticipated from the object, but *expresses the child's own aggressiveness towards* the latter. If this is correct, one could truly assert that conscience is formed in the beginning from the suppression of an aggressive impulse and strengthened as time goes on by each fresh suppression of the kind.'[23] And, in concluding, Freud says: 'I am convinced that *very* many *processes* will admit of much simpler and clearer explanation if we restrict the findings of psychoanalysis in respect of the origin of the sense of guilt to the aggressive instincts.'[24]

If we agree to define Freud's term of 'aggressive instincts', in accordance with my assumptions, as devouring-destructive intestinal energies, and as the derivatives of a gastrointestinal

[21] Freud: *Civilization and Its Discontents.* New York: Jonathan Cape and Harrison Smith, 1930, p. 114.

[22] *Ibid.,* p. 131. (Italics mine.)

[23] *Ibid.,* pp. 115–116. (Italics mine.)

[24] *Ibid.,* p. 131. (Italics mine.)

instinct primacy, then there would be no contradiction between Freud's theory and my own. The superego came into existence through the process of identification, a thesis which is supplemented by stating that identification substitutes for and wards off incorporation, which is the result of the ego's regression to its gastrointestinal instinct primacy.

These theories are the result of twenty years of clinical observation, of which this paper is only an abbreviated abstract. Its intention is to show that there is a devouring instinct in man which is closely associated with his need for self-preservation. The identification process, ending the œdipus conflict, is the normal way of liquidating this animalistic inheritance. Failures in this process precipitate a morbid psychopathology which turns self-preservation into self-destruction by subjecting the ego to the attracting power of the Nirvana principle.

Before I conclude, I want to emphasize that this paper has been concerned only with an investigation of destructive instinct energies so far as we are able to detect them in the psyche of the individual, affecting his intrapersonal and interpersonal conflicts. I have intentionally omitted all speculations which would have extended into the field of biology.

Considered as a contribution to psychoanalytic science, my work pursues a path of research entered upon by Freud. He did not himself follow the path to its end, because, during the last years of his life, he was not so much concerned with clinical problems. The perspectives which his genius strove to view were not microscopic but macroscopic. He strove for an understanding of the world cataclysms of hate which threaten to engulf our civilization. He applied his concept of death and aggression to the phenomena of mass psychology and the sociological phenomenon of civilization before he had exhausted the essence of his findings by research into the individual mind.

However, sooner or later, if death had not come to him, I

trust that Freud would have arrived at my conclusions. For he summarized the essence of the conflict of ambivalence as follows: 'The ego is not at ease with itself—at having to subject its own self to the destructive tendencies of those very aggressions it would like to employ against others itself. It is like a displacement to the field of the mind of the dilemma that rules the organic world: "Devour or be Devoured".' [25]

[25] Freud: *Neue Folge der Vorlesungen zur Einführung in die Psychoanalyse.* Vienna: Int. Psa. Verlag, 1933, p. 153. (Trans. *New Introductory Lectures on Psychoanalysis, loc. cit.)*

PSYCHODYNAMICS IN A CIVILIAN WAR NEUROSIS

BY JOHN FROSCH (NEW YORK)

Because of its nature, the present war was expected to produce many cases of war neurosis in civilians. This expectation has not been quite fulfilled, according to recent reports from abroad (Glover [*1*], Mira [*2*], Pegge [*3*]) although Glover believes that many cases have not been properly diagnosed. We have had occasion to study a war neurosis in a civilian who was exposed to bombings in the London blitz. The case was unusual, to judge by the reports, in that the patient was a woman, and of especial interest since we were able to trace back many psychodynamic factors which produced the illness.

The patient, a white American woman, was forty-three when admitted to Bellevue Psychiatric Hospital in January 1942. She had been exposed to several bombings in London, and on April 16, 1941 during an exceptionally heavy air raid, a direct hit demolished her home and killed her husband. Since that time she has been ill, with symptoms that fell into three main groups (Chart 1). The first group of symptoms, which were more or less constant, and which would become quite aggravated by any unpleasant experience, began with the bomb hit and were most pronounced in the days immediately following. The patient described herself as having been extremely tense, jittery and very jumpy at that time; she perspired freely and frequently felt her heart pounding away at a furious rate. Associated with these feelings came a terrifying sense that something was going to happen: she was possessed by a fear of being injured, of having an arm or a leg torn off. At the same time she was extremely sensitive to noises, and quite irritable. As soon as the patient closed

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Read before the Section of Neurology and Psychiatry of the New York Academy of Medicine, January 12, 1943.

CHART 1

CLINICAL PICTURE

I. *General Symptoms*

1. Tension
2. Jittery and jumpy feelings
3. Perspiration and palpitation
4. Hyperacusis
5. Irritability
6. Constant tremor, especially of left hand
7. Night terrors
8. Fear of being injured
9. General lack of confidence and feeling of helplessness with work impairment
10. Withdrawal from people and the environment in general

II. *Marked Depression*

1. Feeling that life is not worth while
2. Discouragement
3. Lonesomeness
4. Suicidal ideas

III. *Attacks*

1. Body gets numb and stiff
2. Unable to speak or move
3. Tremendous feeling of weakness
4. Facial twitching and grimacing
5. Feeling of impending death, with marked anxiety

her eyes she would have a series of horrifying images which portrayed her experiences when the house crashed. She would frequently awaken during the night in a cold sweat, stiff with fright because of terrifying dreams in which her recent experiences were relived. She also had a marked tremor of the extremities especially of the left hand.

To the above symptoms (which in time diminished in intensity) were added a general lack of confidence and a feeling of helplessness which greatly impaired her working efficiency. She had a strong desire to be left alone and a tendency to withdraw from people and her surroundings.

A second group of symptoms, characterized by marked feelings of depression, also dated from the time of the traumatic experience. Life did not appear worth living; she wanted to die and entertained suicidal ideas. She would frequently

become very discouraged, feeling that she was all alone in the world. This depression was more severe at some times than at others.

The third group of symptoms had its onset about nine days after the traumatic experience, and consisted of paralyzing attacks during which the patient would become overwhelmed by a marked sense of weakness and feel her whole body 'going numb'. Immediately before and during the attack, the patient would feel an uncontrollable muscular twitching in her body, especially in the face; and she was unable to move or speak. In her words, she felt as though 'all the nerves in the body were giving way' and that she was going to collapse. Accompanying this was a tremendous fear that she was going to die.

Confining our study to the genetic dynamics, we may purposely omit much irrelevant material. For the purpose of this study, we employed several methods which were found to be efficacious. Free association was usually not very helpful because the patient was blocked and frequently could not express thoughts which were consciously present, so that repeated questioning was necessary. Hypnosis, hypnocatharsis and hypnoanalysis as described by Hadfield *(4)* were repeatedly employed. Several external events precipitated reactions which gave us an opportunity to obtain a glimpse of the factors at play behind the scenes.

Depressive features pervaded the whole clinical picture and it is to these that we first turn our attention. In the beginning the patient stated that she was quite depressed because of her illness and her inability to function properly, but it soon became clear that she was also extremely depressed because of her husband's death with its attending circumstances when, with a great display of emotion, crying and biting her nails, with marked facial twitching, the patient revealed that she had been plagued by strong feelings of guilt and by the idea that she was in some way responsible for her husband's death. She revealed that he was killed when he came back to save her, that she thought he was still alive when she was taken out and that she had walked over the area where he was

buried by debris. She insisted that he could have been saved. She had never openly expressed these guilt feelings to anyone although she was constantly plagued by them. A description of the sequence of events showed quite obviously that the patient's self-accusations had no basis in reality, and that we had to look elsewhere for the explanation of her marked feelings of guilt. Not long after this she recalled that one week before the traumatic situation she had had a premonitory dream, in which her husband was represented as being killed by a bomb. Death thoughts concerning her husband therefore preceded the event.

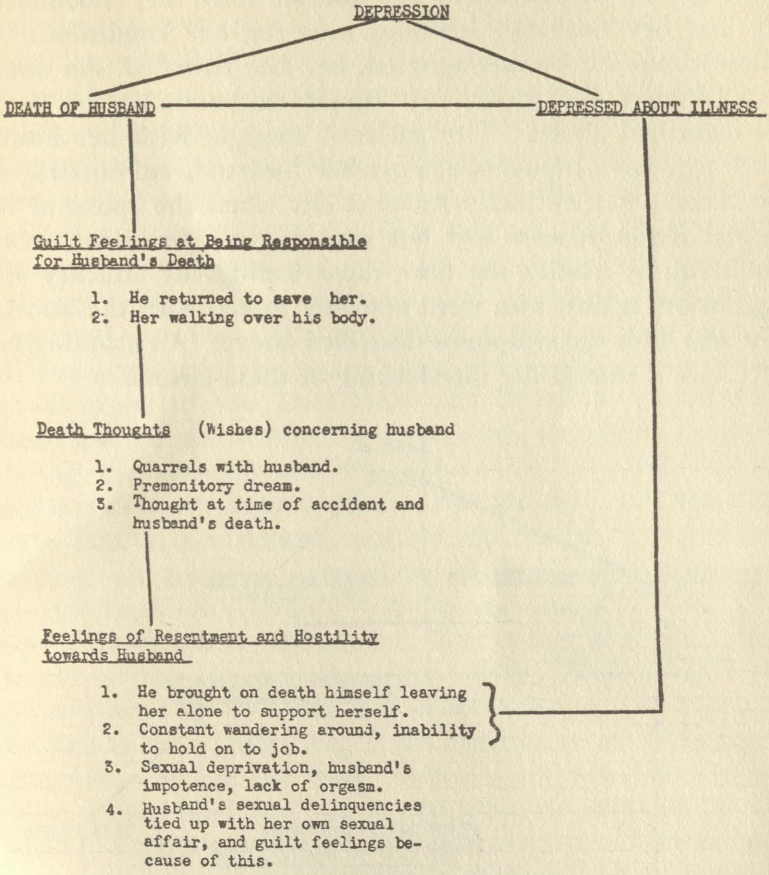
Although for some time the patient declared that her relationship with her husband was very harmonious, it soon became evident that this was not so at all. As a matter of fact only a few hours before his death she had had some words with him about a minor incident which annoyed her a great deal. Through the years there had been an accumulation of unexpressed resentment against her husband. This resentment was quite deep-seated, and over the years of her married life was nurtured by one still deeper, which came to light only after an experience that the patient had in the course of treatment.

A few weeks before her admission to Bellevue the patient had had sexual relations with an old friend of the family, and a few weeks after her discharge from the hospital had had relations again, at which time she was impregnated. For this extremely sexually inhibited woman to have permitted sexual relations was quite a radical step, though it was to some extent explained by the story of her marital relationships. She had been married twice, the first time at the age of eighteen. After two pregnancies had been interrupted because of pernicious vomiting, she was divorced. Soon afterwards she married again but quickly discovered that her husband was impotent. For the last ten years the patient had had no relations with her husband at all. At first she denied being resentful towards him because of this—and in fact denied having had any sexual drive or desire during that time—but subsequently she revealed not only that she had had sexual desires, but that when her

friend made sexual advances to her, several tell-tale thoughts flashed through her mind. First she thought of her ten years of enforced abstinence, then realized that she was really sexually passionate and had suppressed her feelings. Finally there flashed through her mind the memory of a scene in which she had surprised her husband just as he was about to have relations with a woman who was a friend of the family. In the course of revealing this information the patient recounted other situations in which she felt her husband had probably had extramarital relations. The resentment accumulated through the years poured out when the patient revealed this information, and culminated in a rather hectic scene during which she blamed her husband for her present troubles. She also blamed him for not staying with her during the bombing, as he had planned. She spoke of this in an extremely embittered and resentful fashion.

Chart 2 shows a series of factors which undoubtedly contributed greatly to her depressions. To turn our attention now to the group of symptoms characterized by syncopal attacks, which the patient had following the traumatic situation, we learn that the first attack took place nine days after the traumatic experience. The day before, at the funeral, the patient had seen her husband's body and had been extremely upset. A few weeks later the patient had another attack. A short while after, when her dog got into a fight with another dog, she had a third attack. All of them were apparently of a similar nature in that they were reproductions of the experiences she had had at the time of the trauma, a fact demonstrated quite clearly under hypnosis when the original traumatic scene was recalled. In subsequent sessions, when the events connected with her other attacks were recalled, she would have exactly the same reaction. The attack was preceded by extreme, continuous, facial grimacing and twitching. Along with this she moved her mouth as though she was trying to speak and could not and bent forward in her chair, arms hanging in front of her knees. Afterwards she said she felt numb and paralyzed all over. Although she had been buried

CHART 2


DEPRESSION
DEATH OF HUSBAND
DEPRESSED ABOUT ILLNESS
Guilt Feelings at Being Responsible for Husband's Death
1. He returned to save her.
2. Her walking over his body.
Death Thoughts (Wishes) concerning husband
1. Quarrels with husband.
2. Premonitory dream.
3. Thought at time of accident and husband's death.
Feelings of Resentment and Hostility towards Husband
1. He brought on death himself leaving her alone to support herself.
2. Constant wandering around, inability to hold on to job.
3. Sexual deprivation, husband's impotence, lack of orgasm.
4. Husband's sexual delinquencies tied up with her own sexual affair, and guilt feelings because of this.

under the debris she was quite sure that she could at least have moved her arm and the upper part of her body and probably her legs if she had not been numb and paralyzed with fear. The patient recounted that just before the attacks on other occasions a tremendous feeling of weakness would overwhelm her, which was accompanied by marked feelings of helplessness and a desire to get away from everything and die.

It soon became clear that, in addition to these conscious

memories, other factors were at play. This was indicated during the period when she poured forth her resentment against her husband, blaming him for her condition. At those times she became agitated, her face twitched, she would cry bitterly, and finally this would culminate in an attack as described above. The patient's struggle with her hostile and aggressive thoughts against her husband, culminating in an attack, was distinctly brought out when she spoke of his sexual delinquencies and her own bitter resentment. One could quite readily see how these feelings of hostility and aggression against him were not only linked with the attacks, but also with the symptoms described above. An examination of Chart 3 reveals the interlocking of these factors.

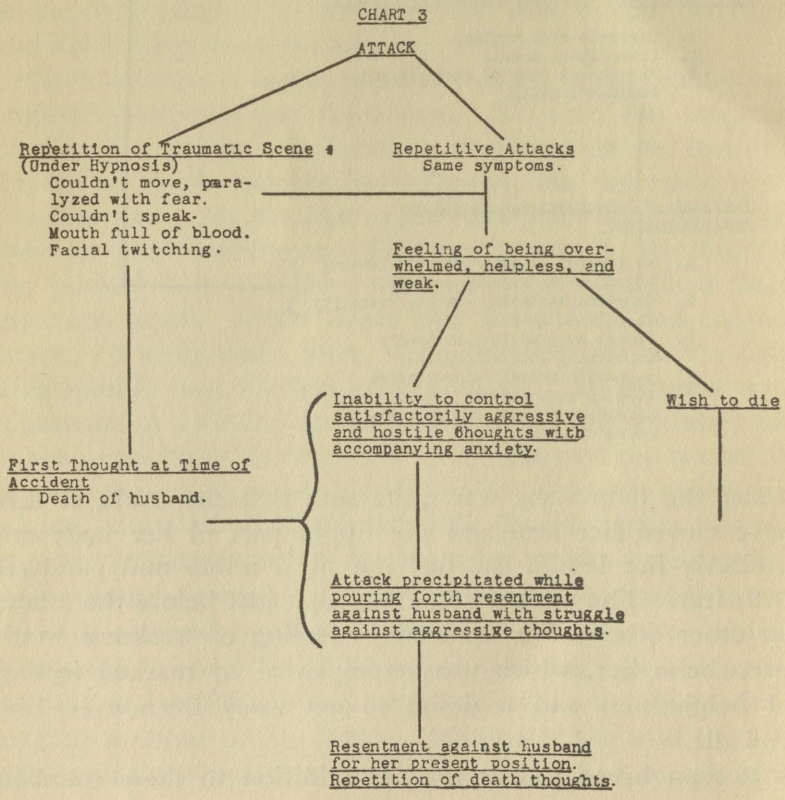
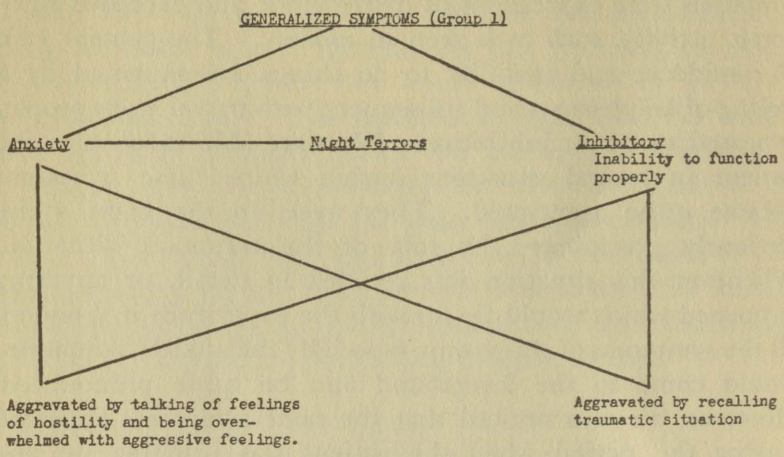


CHART 3
ATTACK
Repetition of Traumatic Scene
(Under Hypnosis)
Couldn't move, paralyzed with fear.
Couldn't speak.
Mouth full of blood.
Facial twitching.
Repetitive Attacks
Same symptoms.
Feeling of being overwhelmed, helpless, and weak.
Inability to control satisfactorily aggressive and hostile thoughts with accompanying anxiety.
Wish to die
First Thought at Time of Accident
Death of husband.
Attack precipitated while pouring forth resentment against husband with struggle against aggressive thoughts.
Resentment against husband for her present position.
Repetition of death thoughts.

Our investigation of the next group of symptoms left more questions unanswered. It was noticed that a number of these symptoms were expressions of dysrhythmic and excessive autonomic activity, such as is seen in anxiety. The general lack of confidence and inability to do things, accompanied by a feeling of helplessness and subsequent withdrawal from people, appeared to be an inhibition. We were able to observe the patient in several situations during which these symptoms became quite aggravated. They were, in the main, quite obviously precipitated by talk of the traumatic situation. Whenever this situation was recalled in detail, or anything happened which would tie up with the experience in London, all the symptoms of this group, especially the anxiety symptoms, would come to the foreground and be quite pronounced. However, we also noticed that the same symptoms appeared during the period when the patient was bringing up and dealing with the hostility against her husband. It was quite clear that, as her defenses against the hostile thoughts concerning her husband were being removed, the patient was overwhelmed with anxiety and feelings of guilt. This also led to the depressive symptoms. Under hypnosis the anxiety would at times mount to a point which would be climaxed by the onset of an attack. Perhaps this led to a complete inhibition or wiping out of the perception of such hostile impulses. At least we know that the symptoms in Group 1 were precipitated and aggravated when the hostile feelings against her husband approached consciousness. This formulation still leaves many questions unanswered and at present we are still engaged in trying to shed light on this group of symptoms.

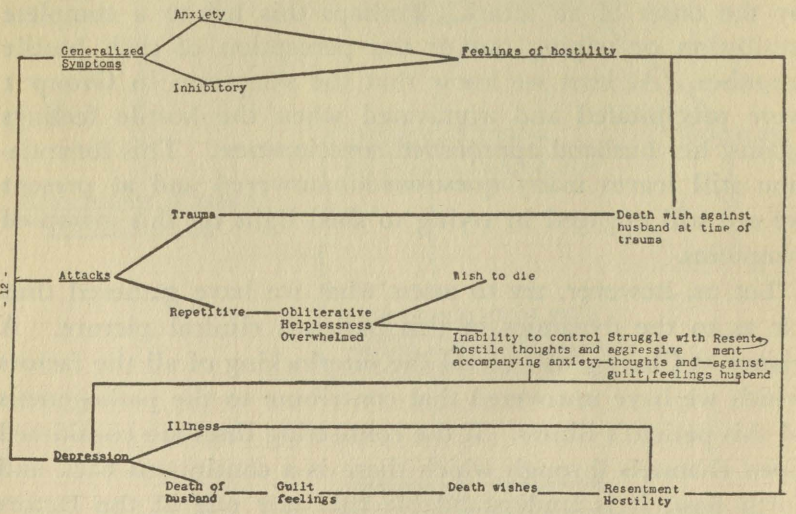
Let us, however, try to assess what we have gathered thus far as to the dynamics in this patient's clinical picture. A glance at Chart 5 will reveal the interlocking of all the factors which we have uncovered that contribute to the pathogenesis of this patient's illness. If the connecting lines are considered open channels through which there is a continuous back and forth flow, it is understandable that any one of the factors

CHART 4


GENERALIZED SYMPTOMS (Group 1)
Anxiety
Night Terrors
Inhibitory
Inability to function properly
Aggravated by talking of feelings of hostility and being over-whelmed with aggressive feelings.
Aggravated by recalling traumatic situation

responsible for one group of symptoms can also supply energy for another group. We can also see quite clearly that the resentment against her husband and the accumulated feelings of hostility are common factors present in all the groups.

CHART 5



The clinical picture which this woman presents is in its gross features not at all unlike that seen in war neuroses of soldiers, a large number of which are traumatic neuroses. The symptoms described under Group 1 are the more or less constant ones in the picture of the traumatic neuroses. Those in Group 2 and 3 vary with the individual's personality structure and experiences. Whereas certain features surrounding the setting of the civilian as described by Glover *(1)* tend to make the civilian position somewhat different from that of the soldier, the core and nucleus of the illness is the same in both groups.

No single theory suffices to explain the pathogenesis of the war neurosis; yet the diversity of opinion encountered is probably due to the fact that certain data have been examined more closely than others. One has merely to glance at Chart 5 to see the close interweaving between all the etiological factors and clinical features. Any attempt to divorce one group of symptoms from another and to explain them in isolation is bound to miss the total structure of the illness.

In our patient, there is no way of telling whether the accumulated store of resentment and hostility, kept pretty well in hand for so long, would have produced a psychiatric picture if there had been no trauma. Although she had been exposed to the deprivations of war time and had been through repeated bombings, she had not, grossly and clinically, shown any symptomatic effects. However, in the bombing which precipitated her present illness, her home was demolished and her husband killed, and one might well believe that this was a situation different from the others to which the patient had been exposed. It may therefore have been sufficient to precipitate the clinical picture, certainly of the symptoms in the first group. However, this patient had had previous traumatic experiences; she was thrown from her horse repeatedly without any aftereffects; several years ago she had an extremely severe bicycle accident as the result of which her leg was fractured. Although one could say that her dislike of bicycles might be some evidence of traumatic neurosis, certainly one can

hardly compare this to the neurosis described above. We do know that soldiers may be repeatedly exposed to severe bombings, blasts, etc., without ill effect, and then following one specific situation begin to show symptoms. Glover *(1)*, describes several civilians who had been bombed and whose homes had been demolished, who nevertheless did not develop mental illness. Yet, when in addition a beloved member of the family was killed, pictures of war neurosis developed. Similarly, in the case of our own patient, something else happened besides her being buried under debris. Her husband, the object of accumulated hostility and resentment, was killed. The data presented above indicate that this was one of the crucial determinants in the patient's illness. This does not belittle the rôle of the actual trauma: the real fear and anxiety, when she felt she was going to be annihilated at the time of the trauma and when there was a real threat to the integrity of her body, was undoubtedly important. However, it is questionable whether the illness would have become chronic and have taken its particular form, had her husband not been killed. The *Realangst* which we see in this picture may not have persisted if it had not been reënforced by an unconscious, neurotic anxiety. This latter was brought into play by the stimulation of the unconscious hostility and aggression controlled through years but activated by the traumatic situation and the death of her husband, i.e., by the realization of her unconscious wish. The symptoms of generalized inhibition and work activities are certainly expressions, as Kardiner *(5)* points out, of an inhibition of the executive apparatus of the ego, due to the trauma. But this too has been so complicated in this patient by, and so interwoven with, the unconscious conflict that attempts at separation were meaningless. Manipulative activity and attempts at mastery of the environment—so intimately tied up with aggressive drives and impulses—are frequently inhibited concomitantly, so that the socially accepted expressions of aggression, attempts at mastery, work activities, etc., also fail. The almost complete inhibition of aggression and hostility is seen in the patient's attacks. The

partial inhibition of a derivative of these drives is seen in the inhibition of manipulative attempts at mastery of her surroundings, i.e., in her work activities.

The formulation of the dynamics in this case is specific for this patient, nor would we make inferences from this case to war neurosis in general. It was our sole purpose to show the intimate interlocking and interweaving of various factors, and to indicate that study of any one of these to the exclusion of the others is meaningless. It is extremely important to evaluate the traumatic situation, but without the more basic conflict which was present with which the trauma became interlocked, it is a moot point whether a neurosis would have developed.

REFERENCES

1. GLOVER, E.: *Notes on the Psychological Effects of War Conditions on the Civilian Population.* Int. J. Psa., XXIII, 1942, pp. 17–37.
2. MIRA, E.: *Psychiatric Experience in the Spanish War.* Brit. Med. J., I, June 17, 1939, pp. 1217–1220.
3. PEGGE, G.: *Psychiatric Casualties in London September 1940.* Brit. Med. J., II, Oct. 26, 1940, pp. 553–555.
4. HADFIELD, J. A.: Quoted in *The Neuroses in War,* edited by Emanuel Miller. New York: Macmillan Company, 1940, p. 141.
5. KARDINER, A.: *The Traumatic Neuroses of War.* Psychosomatic Monograph Series. Washington, D. C.: National Research Council, 1941, pp. 177–205.

MOTHER-MURDER IN MYTH AND LEGEND

A PSYCHOANALYTIC NOTE

BY HENRY ALDEN BUNKER (NEW YORK)

The vanquishing of the father, in whichever of its manifold guises it may be represented, is one of the major themes—indeed, it could almost be termed *the* major theme—of myth and legend. And this is understandable enough, for the overcoming of the father might be called the normal aim and desire of the son, and in fact his appointed destiny.

As compared with this all but universal theme, the killing of the mother is sufficiently rare, at any rate in Greek mythology, to challenge inquiry into why it occurs and what it may mean, since obviously it is rather less explicable on its face than the overthrowing of the father. And, as far at least as Greek mythology is concerned, the killing of the mother is further notable in being attributed to a figure who outstrips even Œdipus as a central personage of Greek drama, of which, indeed, he has been called (by Gilbert Murray) the most typical tragic hero.[1]

This person is Orestes, who, like Hamlet, returned from abroad to slay in vengeance the murderer of his father and paramour-become-husband of his mother, 'guileful Ægisthus', but who, unlike Hamlet, suffered few of the paralyzing doubts and hesitations which so notoriously beset the Danish hero. Also unlike Hamlet, he followed this righteous act of vengeance by the slaying of his mother, Klytemnestra.[2] On this

[1] For he is a character in no fewer than seven of our extant tragedies from the pens of the three great Greek tragic dramatists—eight if we count the *Iphigenia in Aulis,* where he is an infant; whereas Œdipus only comes in three, and Agamemnon in four.

[2] It is not without interest that Klytemnestra dreamed that she gave birth to a serpent, which bit her breast. Orestes, hearing of this dream, interprets the snake as symbolizing himself, since it 'quitted the same place as I, . . .

latter point, however, we are forced to ask whether the unlikeness of Hamlet in this respect is not, in fact, more apparent than real. For it must be admitted that Hamlet seems to have been under the necessity of disavowing a fantasy of committing the deed which Orestes carried out in fact, since Hamlet found himself obliged to assure himself in the significant words, 'I will speak daggers to her, *but use none*', and, even more pointedly, in its combatting of temptation, 'Let not ever the soul of Nero [3] enter this firm bosom'.[4] And in this connection I think we may compare the injunction laid upon Hamlet in this very regard by his father's ghost:

> '. . . . . nor let thy soul contrive
> Against thy mother aught' *Hamlet*, i, 5, 85–6

with the strikingly similar prohibition which Orestes, after the mother-murder, imputes hypothetically to his father:

> 'I trow, my father, had I face to face
> Questioned him if I must my mother slay,
> Had earnestly besought me by this beard
> Never to thrust sword through my mother's heart.'
> Euripides: *Orestes*, 288–91

Taking these evidences into account, it must be judged that Hamlet's dissimilarity to Orestes is much more apparent than real, and that he should be placed alongside the Greek hero in being guilty of mother-murder, even though in fantasy rather than in fact.[5]

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was furnished with my swaddling bands, . . . sought to open its mouth to take the breast that nourished me' (Æschylus: *Choephorae*, 543–546). And Klytemnestra so recognizes him at the moment before her murder: 'Oh God; this is the serpent that I bore and suckled'.

[3] *I.e.*, the matricidal spirit.

[4] *Hamlet*, iii, 2, 399, 396–7.

[5] If the killing of his mother is not actually carried out by Hamlet, as it is by Orestes, nevertheless she does die, even though by accident. And this is true also in the parallel tale of Helgi and Hroar (Elton, Oliver: *Saxo Grammaticus*. London, 1894; Appendix II, p. 403). If we were dealing with a dream, we should have no difficulty in evaluating this seeming distinction. We should suppose, that is, that the Orestes story represents the unexpurgated (unrepressed) version, the Shakespearean and the Helgi-Hroar variants an

On the other hand, the consequences which ensued upon the deed of Orestes bear more resemblance to the fate which overtook Œdipus than they do to that of Hamlet, who met death (although only in Shakespeare) at the hands of Laertes, the brother of Ophelia.[6] For of the several versions which we have of the adventures of Orestes after his murder of Ægisthus and then of Klytemnestra (all of which, except that of Æschylus, deal with some form of expiation of his crime), I have reference in particular to the account given by Pausanias, who says that Orestes purged himself of his guilt by biting off one of his fingers.[7] This self-castration scarcely differs from the self-castration of Œdipus, the latter as represented by the self-blinding which he perpetrated upon his discovery that it was his mother whom he had married and who had borne two children to him.[8] Certainly, then, if the expiation made by Orestes is identical with that made by Œdipus (and this, moreover, a [symbolic] castration), it is justifiable to suspect that the crime of Orestes, appearances to the contrary notwithstanding, was the same as that of Œdipus; and we know what was the crime of Œdipus. Thus, each of two figures of particular prominence in Greek tragic drama returns from abroad or from exile and murders his father (or a father-substitute); one, however, then marries his mother and has two children by her; the other, on the contrary, kills his mother (as Hamlet had seemingly to stifle an [unconscious]

attenuation of the *motif*, and the account of Saxo Grammaticus and the Icelandic *Ambales* saga (Gollancz, Israel: *Hamlet in Iceland.* London: D. Nutt, 1898), in both of which the mother escapes death, a complete suppression (repression) of it.

[6] Orphelia corresponds to Hamlet's (Amlothi's) unnamed foster-sister, in the pre-Shakespearean Hamlet saga. Thus, in connection with the above Orestes-Hamlet comparison, it may be noted that Electra is a sister (of Orestes) but not a mistress, Ophelia is a mistress (of Hamlet) but not a sister, but in the Hamlet saga the nameless precursor of Ophelia supplies the *tertium comparationis* by being both a mistress and a (foster-) sister.

[7] Pausanias: *Descriptio Græcæ*, viii, 34, 1–2.

[8] Cf. Ferenczi, Sándor: The Symbolic Representation of the Pleasure and Reality Principles in the Œdipus Myth; in *Contributions to Psychoanalysis.* Boston: Richard G. Badger, 1916, p. 214.

impulse to do); yet both of them, Œdipus and Orestes, suffer an identical punishment—castration—for their crime.

But besides Orestes there is Alcmæon, who also murdered his mother—the only other important figure in Greek myth, as far as I know, who is undisguisedly stated to have done so. On the other hand, whereas Hamlet had been warned by the ghost of his father against committing such an act, and Orestes had imputed to his dead father a similar injunction, Alcmæon killed his mother at the express command of his father. This was because, bribed by Polynices with a necklace, she had forced her husband, Alcmæon's father, to go to war; wherefore the latter 'laid his commands on his sons that, when they were grown up, they should slay their mother'.[9] From this it is apparent that the rôle of the mother in relation to Polynices and to her husband is not essentially different from that which Klytemnestra enacted towards her paramour Ægisthus and her husband Agamemnon, since in both cases the wife is the betrayer of her husband, the hero's father.[10] In addition, when Alcmæon learned that his mother had been bribed to his undoing also, 'he was more incensed than ever, and in accordance with an oracle given to him by Apollo he killed his mother'.[11]

And what must further interest us in Alcmæon is his history subsequent to the matricide—namely, that 'afterwards the ground became barren on his account'.[11] What gives significance to this curious detail is that once again, as in the case of

[9] Apollodorus, iii, 6, 2.

[10] The mother who, in undisguised form, assists her son against the father is of course a far from uncommon figure in Greek and other mythologies. On the other hand, this *motif*, which in the case of Klytemnestra and of Alcmæon's mother reaches only the point of the betrayal of the husband (father), undergoes in *Hamlet* so much attenuation that in the second Quarto Queen Gertrude's knowledge of, still less complicity in, the murder of Hamlet's father is a matter of inference only; while in the first Quarto such seems to be explicitly denied, in that upon hearing of the murder she turns against Feng (Claudius).

[11] Apollodorus, iii, 7, 5. (One may note that it was Apollo, too, who defended Orestes against the retributive wrath of the Erinyes after that hero's murder of his mother.)

Orestes, it leads us back to the legend of Œdipus; for according to that legend, the land of Thebes was similarly visited with barrenness of the soil, of cattle, and of women, because of the presence of Œdipus, who had slain his father and married his mother.[12] And so it appears that the mother-murder of Alcmæon and the mother-marriage of Œdipus were followed by identical consequences, namely, the *barrenness* which they brought upon the land which they inhabited—just as, no less clearly, the mother-murder of Orestes and the mother-marriage of Œdipus were visited with an identical punishment, namely, (self-) castration. If, then, the crime of Orestes and that of Alcmæon had consequences identical in their separate ways with those which followed upon the crime of Œdipus, it is rather difficult to avoid the conclusion that the mother-murder of the former two is identical with the mother-incest of the latter.

But it is possible to substantiate this conclusion, to convert probability into certainty, with three pieces of evidence which will now be briefly detailed.

The first of these concerns Bellerophon, who is most commonly thought of in connection with the winged horse Pegasus, which had sprung from the head of Medusa, and which Bellerophon mastered by means of a wonderful bridle given him by the goddess Athene. It was with the help of Pegasus that Bellerophon *defeated the Chimæra*—a female fire-breathing monster, part lion, part dragon, and part goat, a creature essentially identical, therefore, with the Sphinx, which Œdipus *defeated* by solving the riddle which she posed.[13] Bellerophon is also famed for an exploit—common in one form or another in Greek and other mythologies—similar to that of Icarus, son of Dædalus. Icarus, it will be recalled, in emulation of his father flew into the heavens on the wings he had made himself, but in the attempt to fly higher than his father

[12] Sophocles: *Œdipus Tyrannus*, 22 ff., 96 ff.

[13] That is, both Bellerophon and Œdipus killed or brought about the death of, not the mother *in propria persona* (Orestes, Alcmæon), but a highly disguised (phallic) mother representative.

he flew too near the sun, and the sun melted the wax of his wings, and he fell into the sea.[14] Similarly, Bellerophon attempted to fly up to heaven on Pegasus, but was thrown, and although he escaped alive was lamed—like Hephæstus from a similar fall, and also like Œdipus from a different cause.

But Bellerophon's present interest lies in his being the protagonist of a tale which is essentially a duplicate of that of Joseph and Potiphar's wife—a story of which the Greeks were apparently so fond that they told it of at least five or six different figures of Greek myth. In this particular example the Greek version has it that Bellerophon lived for a time with Proetus, king of Argos; here the king's wife, Anteia (or Sthenobœa), behaved towards him exactly as had Potiphar's wife towards Joseph. In a jealous rage Proetus sent Bellerophon to Iobates, king of Lydia, bearing a letter which directed that he should be put to death—the same letter *motif,* we may note, as occurs in *Hamlet.* But what is to our present purpose is not that Bellerophon, like Hamlet and all other heroes, succeeded in frustrating this design, but that in one variant of the story he used Pegasus to wreak vengeance upon Anteia for her perfidy; for he induced her to ride with him, and then flung her off from a great height.

The combination of the idea of 'riding with him' and that of being flung off from a great height to her (ostensible) death, with its psychoanalytically familiar symbolism, in the first statement, of sexual intercourse, and, in the second, of *niederkommen* as signifying 'to give birth', 'to bring to birth', to say nothing of the obviously phallic significance of the winged horse Pegasus which Bellerophon used in wreaking vengeance upon Anteia—all this is so significant and revealing as to make it almost superfluous to mention our second example, which is that of another Greek version of the tale of Joseph and the wife of Potiphar. This second version has to do with Peleus, best

[14] Cf. also *Isaiah,* xiv, 13–15: 'For thou hast said in thine heart, I will ascend into heaven, I will exalt my throne above the stars of God. . . . I will ascend above the heights of the clouds; I will be like the Most High. Yet thou shalt be brought down to hell, to the sides of the pit.'

known as he who married Thetis and became the father of Achilles. On an earlier occasion, however, Peleus, *having killed his brother* (in some accounts) took refuge in the court of Acastus, whose wife Hippolyte fell in love with him. When Peleus repulsed her, she betrayed him to her husband. Peleus, according to a variant of the story in which Hippolyte is called Astydameia, later returned, cut Astydameia to pieces, and marched his army between the portions of her body. That this *dénouement* is a disguised representation of sexual intercourse with the (invariably) faithless woman is at least as apparent as in the case of Bellerophon.[15]

Who is the faithless woman who behaves in this manner towards Joseph, Bellerophon and Peleus? Since in the two Greek versions she is the wife of a king, it is not altogether difficult to guess; but surmise is made unnecessary by the fact that in the Egyptian version of the tale we have the *locus classicus* of the story of Joseph and Potiphar's wife—that is, we have the version which supplies the key not explicitly present in or supplied by other versions. For in this Egyptian version of the story there remains no room for doubt, as indeed Róheim has already shown,[16] that the faithless wife is, as we might suppose, a disguised representation of the mother. The Egyptian version concerns two brothers and the wife of the elder. The latter tempts the younger brother to have intercourse with her, but he rejects her, saying that she is like a mother to him and his elder brother like a father. She then reports to her husband that his younger brother had made advances to her, and that it was she who had spoken of her being like a mother to him. Pursued by the elder brother, the younger takes his oath that his version of the matter is the

[15] A patient of mine dreamed that he revenged himself upon an (unspecified) woman who had jilted him by dive-bombing her house.

[16] Róheim, Géza: *Animism, Magic, and the Divine King.* New York: 1930; pp. 29, 30. Róheim cites, as his source for the story, Maspero: *Les contes populaires de l'Egypte ancienne.* This is to be found in English ('The Story of the Two Brothers') in *Popular Stories of Ancient Egypt,* transl. Mrs. C. H. W. Johns. New York: 1915; pp. 1–21.

true one; and to attest his innocence, he takes a bill-hook and cuts off his penis, which he casts into the water.

It is this Egyptian version which reveals the true situation. For, as Róheim remarks, the younger brother 'in castrating himself appears to avow the very crime which he denies, since self-castration'—the act symbolically carried out by Œdipus, and also, as we have seen, by Orestes—'is evidently the talion punishment for incest'; and 'moreover, in the comparison "like a mother, like a father" we see that the brother conflict and sister-in-law incest are merely substitutes for the original Œdipus situation'.

We can no longer doubt, then, that it is the mother whom Bellerophon and Peleus 'kill', no less than Orestes and Alcmæon (and, in the sense we have noted, Hamlet) did so, while, on the other hand, the particular manner in which both Bellerophon and Peleus carry out (in one version of the story) this 'murder' is conclusive evidence, it would seem, that the real meaning of the murder of the mother is sexual intercourse with the mother. Despite the unequivocal character of the evidence which, each in its different way, the histories of Orestes, Alcmæon, Bellerophon and Peleus furnish in support of this interpretation, we may take note in conclusion of a final piece of evidence supplied by the tale of Beowulf, which I think might be called the *locus classicus* of the *motif* of the killing of the mother, since this act is here depicted in terms the most unequivocal of all.

Beowulf prepares to attack Grendel's mother, a water-hag, and for this purpose dives into the mere, and reaches the cave where the witch's lair is, and fights with her, but his sword fails to wound her. Beowulf then sees an old sword, made by giants, among the armor in the cave; with this he cuts off the witch's head, but her blood melts the sword, of which only the hilt remains.[17] If a mother-figure is killed by a sword

[17] In addition to the obvious symbolisms of which this brief narrative, an exquisite piece of condensation, is full, we are inevitably reminded of little Hans's fantasy that, his own 'widdler' having been removed by the plumber with a pair of pincers, a new one was brought him in its place, a bigger 'widdler', one like his father's—a giant's, as à la Beowulf one might say.

which in consequence shrinks to a fraction of its original size after being plunged into her body, there can remain no question of the true meaning of that which is represented in the myth (i.e., in consciousness) as her murder.[18]

It becomes apparent, then, that in the last analysis Orestes (to say nothing of the others, including our own Hamlet) is the same person as Œdipus—is none other than Œdipus himself, who, having killed his father, had sexual congress with his mother; for Orestes, having killed a father substitute, carried out an act which we have seen a number of reasons for regarding as in fact a disguised expression of sexual intercourse with his mother. Now the Œdipus legend is at the same time the *locus classicus,* the uniquely unexpurgated and unrepressed version, of the Myth of the Birth of the Hero.[19] For in the Œdipus legend we have every element typically belonging to the myth of the birth of the hero: the birth from distinguished parents, the cautionary prophecy received by the father, the consequent exposure by him of the son, the rescue of the latter by peasants and the bringing-up by them as foster-parents, the return to his homeland upon reaching maturity, where he kills or otherwise obtains revenge upon his father, and is ultimately proclaimed king.[20] But in addition to this theme upon which numberless variations have been worked, the Œdipus legend also contains the further element that after the parricide the hero marries his mother and has two children by her. And in this unrepressed and undisgused revealing of this ultimate goal the Œdipus legend stands alone—unique in respect of this return of the repressed from repression. In every other way but this the story of Orestes, and of the other figures cited, is the same as that of Œdipus; for the only difference between the former and the latter consists in the fact that Orestes and the others, having like Œdipus suffered in

[18] I have recently encountered in dreams three examples of an article which unequivocally represented a penis in the dream in question, and at the same time had the property of melting away; namely, a piece of soap, an ice-cream cone, and a snowball.

[19] As Otto Rank called the myth of world-wide occurrence which he was the first to collate and to interpret (*Der Mythus der Geburt des Helden,* 1909).

[20] This last is also the outcome in the pre-Shakespearean Hamlet saga.

varying form and degree the fortunes typical of the myth of the birth of the hero, ultimately 'kill' the mother (or a mother-figure), instead of, like Œdipus, having sexual union with her. It is with this single but striking (and rather deceptive) distortion that we have been concerned—a distortion effected by the work of repression, by that censorship which (save only in the case of Œdipus) subjects to the severest repression of all the erotic relation with the mother. It is scarcely necessary to add that the distortion and disguise thus necessitated may be concerned with the *aim,* as in the present essay, or with the *object,* as when the goal won to by the hero takes the form of the king's daughter and half the kingdom (Bellerophon) or of the golden apples of the Hesperides (Heracles).

A word in conclusion by way of perhaps hardly necessary summary. The theme of the Myth of the Birth of the Hero has as its principal *motif* the overcoming of the father and the winning of the mother. But among the almost numberless examples, in Greek mythology alone, of this universal myth, it is only in the Œdipus legend that the second part of the *motif,* concerning the mother, escapes from repression and achieves undisguised expression. Whence the Œdipus legend may be called the *locus classicus* of the Myth of the Birth of the Hero. In all other versions of the myth the erotic relation to the mother is more or less relegated to the background, as Rank has stated, or, more accurately, undergoes when present at all a high degree of distortion and disguise—via a change of aim or in particular a change of object—through the work of repression. Such a process reaches its fullest degree in those instances—and it is significant that that favorite figure of Greek drama, Orestes, should be its most conspicuous example—in which incest with the mother becomes converted into what appears to be its very opposite, her murder. It has been the purpose of this essay to put it beyond doubt that the latter means in reality the former. If this is true, one may read anew, seeing in it a kind of bridge between the manifest and the latent meaning, the prohibition against such an act uttered by the (deceased) father (in *Hamlet,* no less than in *Orestes*): 'Never to thrust sword through my mother's heart'.

PICASSO AND THE UNCONSCIOUS

BY FREDERICK WIGHT (NEW YORK)

When we examine a painter's work psychoanalytically we attempt to reach an understanding of its significance. What does the painting mean? It is necessary to understand what is happening in a painting before there can be any question of how well it is done. The marks and colors on canvas have a symbolic significance in addition to their obvious meaning. To recognize symbols only where there is nothing else is to have far too small a vocabulary. Picasso is not more or less symbolic than other painters. The objects of a most emphatic realism are also symbols. The House Across the Railroad Track of Edward Hopper is the maternal 'house where I was born' which the artist will seek in later paintings; the railroad track is the dangerous father-symbol which cuts between the painter and the object of his desire. Because an artist expresses unconscious desires which change slowly, if at all, it is not surprising that once the symbolism has become clear, we find endless variations on a single theme. It is Picasso's distinction not to be more symbolic but to say more things, shifting his position as he follows his subject, so that his work becomes a psychic quest.

The various periods and phases through which Picasso passes, apparently random and disconnected, acquire a logical and inescapable sequence. Picasso progresses: he is engaged in constant exploration, in breaking new ground. He seeks to regain the source of his emotion and thus he moves backward toward his infancy, delving into the relationship of the child to the mother; this regression provides an escape from the feeling of guilt in the presence of the father; first in childhood and then in infancy he finds both the primal emotion and the means to express it without danger. If we admit that guilt limits expression, that the artist is engaged in seeking emotions guarded by incest taboos, we are given almost parenthetically

an explanation of the artist's function. It is his province to do painfully what cannot otherwise be done at all, to obtain first-hand what others desire but cannot have in real life because it is forbidden.

Regression to infancy usually results in isolation. But the genius, projecting his emotion on canvas, lives in and for the adult world, and has his past and present too. The genius and the psychotic are poles apart, with the average man between. Nevertheless the genius and the psychotic both move under compulsion. The genius does not succumb to the pressure of the unconscious because he is able to externalize it. Undoubtedly the amount of canvas Picasso has covered is the purchase price of his psychic stability.

In one of Picasso's earliest paintings a young woman and a bearded young man, both nude, are embracing; on the right is an older woman with an infant in her arms. The man looks over the young woman's head at the mother who glares back at him. Between these two groups smaller figures appear on two levels, which are the two sides of a cube. Cubism is already foreshadowed. A man and a woman are coiled globularly together in a position obviously prenatal; below them a lone male figure repeats the man's attitude. The painting presents an extensive drama; later compositions are scenes from it, treating the subject in detail.

Canvases now follow in which the central subject is a boy flanked by his parents. The figures do nothing; they face in opposite directions and always the mother looks away. They present the emaciation of famine, as if they lacked some essential nourishment. These paintings have been interpreted as an expression of social protest; but the protest lies deeper, and the hunger is not for any tangible bread. It would perhaps be reasonable to seek a historical explanation in Spanish asceticism. But Picasso's famine and asceticism have the same cause: fear of the sources of sustenance. There are brighter pictures of partial serenity, paintings of adolescent companions. Even here the feeling is of idleness and underlying

quandary. Already there are vague blotched areas on the canvas, like a shadow cast by an object outside, perhaps even by the painter himself.

Then harlequin appears, never to leave us again. He is make-believe, a grown man playing like a child: infancy in maturity. Harlequin has two lives, daily and dramatic, and therefore he wears a checker of two colors, pink and green. From the Renaissance to the masquerade, the parti-colored costume provides relief and escape. I am several people, not the lone person you took me for; I am myself and someone else, my parent. A man with a black leg and a white leg, a black arm and a white arm, is permitted to cut capers without being called to account.

Besides his checkered costume, harlequin possesses two other lasting symbols, his mask and his cocked hat. The mask signifies concealment. The harlequin of 1905 wears a mask which subsequently he will remove and hold in his lap, as though Picasso sensed the sexual implications and the need of concealment. The horned hat is destined for prolonged symbolic evolution. In Picasso's childhood the horned hat was worn by the Spanish police. The horn also represents the bull's horn; a Spaniard could hardly escape the parricidal drama of the bullfight. Ultimately we have the horned moon, symbol of ambiguity and dilemma and, in the later double image paintings, a symbol of the pregnant woman.

It should be noted that harlequin presents the reverse of normal experience: his everyday life lies concealed under a disguise; on the surface it is the dream. This is the first of Picasso's inversions, devised to prove that what was underneath can be brought to the top. His next topsy-turvy symbol is the acrobat who turns somersaults and walks on his hands with his feet in the air, a profound inversion symbol which can be understood only through his latest works.

There is no happiness in this carnival. Anxiety has not yielded to buffoonery. The acrobats do nothing very acrobatic, and father and child still look askance. A number of

paintings follow, ominous with brooding women seated alone at table, lost in bitterness, abandoned but not resigned, with a strong expression of will. The color is blue, the blue of the Virgin in all Catholic painting, of the sky and the maternal sea, symbol of the unobtainable. But the Picasso blue is not that of the sky but of a backdrop disturbingly near at hand.

Picasso now throws himself into the Cubist movement. Cubism was basically a reconquest of architectural space. It revolted against Impressionism and against a geometry forced upon the artist. Perspective had ceased to be an artist's revelation and the sense of space had grown stale. Impressionism had invaded architecture and destroyed the double experience of adventure in the midst of security to be obtained from a decorated wall. The beholder was now exposed to all outdoors. The Cubist space restored decorated architecture, the semi-privacy which men desire. It expanded the wall without destroying the building.

Picasso constructed three-dimensional still lifes, in an attempt to solve his problem. But that problem was the revelation of things underneath. Later he was to need space for sculptural effects, but the aspect he now prefers is the broken diagrammed surface. His geometric forms become thin, with the creation of just enough space to show that they are superimposed on something half-concealed. Textures are varied to prove this point. The forms seem no thicker than they are and often resemble a scattered manuscript. At times the different levels are actually pasted over each other in the *collages;* newspaper serves admirably for the conscious surface of daily life.

We have the impression that Picasso attempts to find in cubism a synthesis between his two worlds. He sets up a screen of geometry between them much as a photographer sets the focal length midway between two objects; and geometry is a double aspect symbol with a conceptual life of its own. It describes the empirical world. The screen has an important function; it protects the artist from too complete a revelation and allows him to work closer to his image. The screen is

like the grill which Spanish etiquette places between lovers who are left alone. It allows Picasso to paint for years without having to seek directly the safety of infancy.

Geometry affords another kind of protection. It is timeless; and the destruction of time removes danger. Artists who resist the safety of infancy become Platonists and escape from time. They take the Chirico path. The artist anæsthetizes his victim and the image can neither suffer nor seek revenge while the artist continues his anatomy lesson. The half-concealing, half-revealing screen is like the half-mask of harlequin and perhaps like the checkers of his suit.

This screen, this mask does not protect Picasso indefinitely. From the beginning the vital matter beneath has been coming through. The shapes soon take on characteristics of what is below: they become ovular, tubular; they resemble viscera, those internal shapes which are more significant than their familiar envelope. All are set in a geometric matrix which includes the frame, just as our bodies are finally framed in the geometry of houses and cities. The shapes take life symbolically: the horn reappears and a female symbol emerges, the guitar. Picasso has appealed to music as he appealed to pantomime to collaborate with him, because it too is a language without words. The checker of harlequin is present and other symbols taken liberally from what is found on a table: bottles, glasses, fruit, papers, pipes, playing cards. Musical instruments and the furnishings of a room are symbolically used. Picasso says that these possessions are the person in extension, the living shell on our backs.

Harlequin is the unconscious man brought to the surface, while the everyday man takes his turn at concealment. The man with his heels over his head was the acrobat. Now another inversion appears. The recognizable portrait was at first obscured by a mask of geometry; little by little the life went out of the image into the mask. Finally Picasso raises the question as to whether reality does not lie in the attributes. Is there any need for a *Ding an sich*? What is there but sym-

bols? Symbols are concrete. What they represent is merely an abstraction.

Picasso painted The Three Musicians in 1921. These persons, if persons they may be called, are composed of flat areas which might be colored paper. There is no break between musician and background. The three wear carnival costume—or they are carnival costume—grown men at play. One is harlequin, another a clown, another a monk. All wear masks. But is there anything under the mask? It no longer matters. Everything is alive. The monk's legs are not under the table, which is a female symbol. Fingers are confused with the keys of an instrument, the clown's fingers forming a keyboard. (Women's fingers will now often be the pegs of a guitar.) Harlequin's hand is a neat little wooden contrivance for the bow of his violin; harlequin's suit might also be an iron grill over a doorway and his lace a net. The horned hat approaches the moon. The notations of music in the center of the canvas are carried throughout. Eyes are notes, and the impression is one of arbitrary marks on paper that nevertheless have power. The masquerade is singularly sinister, with the gaiety and mummery of an auto-da-fé.

Following the last war Picasso undergoes one of his deceptive changes. A time of serenity is ushered in by a few calm, naturalistic portraits, by drawings of peasants sleeping at noonday. Putting aside his arbitrary symbols and with the mask apparently off, Picasso's classic period begins. All at once he is able to approach his material directly. How has this approach become possible? Is something resolved or is the whole classic period itself a protection?

The classic time is a symbol of first beginnings. It is naked without sin. Emaciation and anxiety are things of the past. Parents are now shown lolling and opulent; they do not know the meaning of starvation or guilt. They tower with limbs of giants, reaching down with great arms, their very fingers like arms and legs, their faces as expressionless as figureheads with fixed round eyes, because the child has not mastered the play of

expression. They suggest classic sculpture in their drapery, and yet they are not classic sculpture and there is no drapery. They wear night clothes. The women have one breast exposed to nurse the child. Picasso has succeeded in calling up the vision of a child at the breast. To reach back this far into the unconscious is a great triumph. It is Picasso's high period of security, for the child has a stronger claim to the mother's breast than the father, and he is victorious if he can be content. It is extraordinary to compare these parents with the starved parents of the blue period. Then there was no possibility of effort, now there is no need. The child feasts directly on his mother's body and nothing is more unimaginable than want. This alone could have been a culmination for Picasso; the same vision of the massive-limbed, expressionless mother sufficed for the last great period of Renoir, who atoned for the intimacy of his touch with the arthritis that numbed his hands.

But for Picasso the security is short-lived. The child's relation to the mother is still unexplored. We are not all the way back. The language grows more symbolic again. We have highly abstract figure pieces and a long series of more literal still lifes. Symbolically the still lifes are figure pieces too. It is permissible to represent a table more objectively than a woman because few suspect it of being a woman or guess that the bust on the table is its head, or the mandolin its breast. Boldness and richness in color and design increase. The forms are full, not brittle and sharp; they have the large, wobbling outline of infantile draughtsmanship. There is a growing impression of depth, and while there is no extensive space, there is sufficient for objects to possess a fat roundness. There is enough space to contain the object but no more. We are approaching the double image paintings at the beginning of the nineteen thirties, a time of increased tension and excitement. The double image means that mother and child are one. This duality takes many forms. The mirror is so obvious as to be almost a preliminary symbol. It reflects a different aspect of the image. More commonly there are two

entities in the same envelope. The forms are ovular, the colors are vivid. The psyche is free to represent the outside world as a glaring, violent place, for, it has found its own safety. Byzantine art has influenced this phase and, like classic art, symbolizes an early period. Like classic art, it too maintains its innocence, in this case through monasticism. It has a child's eye for emphatic colors, for figures fixed in suspension, protected in medallions, the head secure in the gold circle of a halo. It affords Picasso a symbol of the secure life, fixed and suspended within the mother.

A series of related canvases shows us how Picasso describes this woman of the double image. His first infantile comment is that her sex is ambiguous, that she is both parents. Masculine characteristics in one painting become feminine in the next; often both are present. The infant male has no reason to suspect that his mother differs from himself. The second comment is more startling; and once made it is repeated indefinitely. Picasso insists on the infantile confusion of the genitals with the features of the head. This confusion is inevitable for the nursing child, with its primarily oral relation to the mother. The confusion goes through endless metamorphoses, providing especially the symbol of duality. Heads are double; there are two profiles, or heavy lines down the middle of the face, or divided features on different levels. There are cleft heads, flat surfaced heads with a double loop across them; heads with two mouths and three eyes. But these double heads that share their features and are contained within one oval are buttocks, not to be confused with the ever-present breasts.

Picasso concludes that we are first and foremost a digestive tract, with areas of sensitivity at both ends, suited for survival. In a paleontology of his own he paints sabre tooth forms, shark heads and shark teeth, faces that look like the jaws of a Stillson wrench with a villainous dot of an eye: eating is their sole occupation. Nevertheless these creatures protect their young, for they have breasts. But their substance is like bone or stone; and thus Picasso includes architecture with a

casual gesture. The only background sufficiently ancient is the sea. But then the horizon changes and becomes the back of a chair, and the coiling intestine is a woman's arm and the arm of a chair. The subject is alive.

Picasso dislikes the word *evolution* applied to his work. For him this remote vision is not remote: the unconscious is here and now; at some level this is what we still are.

Summer at Dinard, an abstract picture of a stick with a ball at each end, recalls the young boy acrobat of many years ago, standing on a ball. Now we understand that the ball is also his head. The subject of the acrobat, the man with his heels over his head, or really his head over his head like a playing card, may at the time have seemed a random choice. But it was a choice of the deepest significance, and explains why harlequin has an instinct for concealing his features with a modesty which allows him greater sensual freedom, and why he can take off his mask if it is then used to conceal his lap.

Latterly there are the three-eyed pictures and the full faces that are also profiles. Picasso himself believes these to be a double aspect of the same person. In reality they are the single aspect of two people all over again.

What has been accomplished? Should painting stay on this deep unconscious level? The answer is that discovery goes before commerce. Picasso has had to explore for the sake of exploring; his are the advantages and the disadvantages of priority. Gradually this territory will become less strange and a new range of symbols will grow more familiar. They will be used for things which concern the painter at the moment, not for the excitement of their novelty, as the Elizabethans used words when the English language came into its own. The subject matter of all painting lies in the unconscious; its language is precise and definite, whether it repeats the commonplace, or like Picasso's, says something startling and profound.

BOOK REVIEWS

MIND: PERCEPTION AND THOUGHT IN THEIR CONSTRUCTIVE ASPECTS. By Paul Schilder. New York: Columbia University Press, 1942. 432 pp.

This posthumously published work, sponsored by the Paul Schilder Memorial Fund Committee, makes use of principles and investigations presented in the author's previous work, The Image and Appearance of the Human Body, in 'an attempt to investigate the principles of perception and thought'. In a foreword, the author states that he is deeply influenced by Freud, whose work he regards as an 'era in psychology', but that he has developed his own ideas independently. Not a little of the material presented has appeared in previous publications.

The first half of the book deals with perception and action, the second with higher mental functions. Sensory experience is investigated as an aspect of experience of objects in the outer world. (The term sensation is used to refer to the subjective aspect of an experience; the term perception is used when the experiences are considered as phenomenally objective.) Motility, action and vegetative phenomena as aspects of a process constituting the experience of an object are studied. The author outlines a 'psychology of the constructive energies of the psyche'. He particularly emphasizes the principles of configuration and the problem of gestalt. Most simply expressed, he attempts to deal with aspects of experience, but insists that no particular aspect of experience can be envisaged correctly except in relation to the total experience that relates body, self and object. 'One should not speak of sensations, feelings, emotions as units. The primitive unit is a sensory-motor-vegetative unit in a unified attitude, which is either complete or incomplete action' (p. 375). Time and space are social phenomena; perceptions and distortions of time and space are dependent upon libidinal factors. Language, thinking, memory and learning are discussed from a similar viewpoint, that is, as by-products or aspects of experience ultimately of a social nature.

Schilder's observations are based upon his own clinical experience, experiments and studies by himself and collaborators, and on his critical evaluation of the published works of many students

of behavior. The chapters Psychoanalysis and the Conditioned Reflex and The Pleasure and Reality Principles in Thought and Action will be of particular interest to the analyst. In his attack upon Pavlovian psychology (which, to Schilder, is not an attack upon the experimental work, but upon its misinterpretation), he takes the position that action is not based upon reflexes, that Pavlov's conditioned reflex is not a reflex at all but a 'complicated biological attitude concerning food, which expresses itself by salivary secretion'. The phenomena of irradiation, of external and internal inhibition are expressions of psychological attitudes and reflect gradual adaptation, by a process of trial and error, to actual situations. The concept of the functioning of the central nervous system as a mosaic of excitation and inhibition (in accordance with Pavlovian psychology) is not a necessary interpretation of Pavlov's experiments, which can as well be interpreted as showing that the organism is continually guided by its needs. A continuous process of construction and reconstruction goes on in preparation for action, or in action related to these needs.

Schilder makes it clear that he is quite aware that some of his conclusions are not in keeping with the thinking of many analysts, as in his discussion of narcissism (Chapter XIX). However, his basic orientation in analytical psychology lends a validity to his observation and discussion which is in no whit negated by the fact that many of his specific formulations may be challenged by the analyst or physiologist.

This work is the brilliant effort of an original and inventive mind in that borderland between the domain of the psychologist and the physiologist which remains a hunting ground for the solution of problems awaiting the development of further knowledge of neurologic functioning and further advance in psychological understanding. Schilder has brought to bear his highly critical faculty in evaluating the work of others and a modern, scientific perspective that should prove of substantial value to those who carry on in his work. The language is clear and extremely simple—which is of great help since the same cannot always be said of the ideas expressed. One gets an impression of meticulous editing. This is an appropriate and worthy final work of a stimulating and ardent scholar.

GEORGE J. MOHR (CHICAGO)

GOALS AND DESIRES OF MAN. By Paul Schilder. New York: Columbia University Press, 1942. 305 pp.

The subtitle of this book—A Psychological Survey of Life—indicates the scope of the project. This volume is the third of a trilogy, following The Image and Appearance of the Human Body (London, 1928) and Mind: Perception and Thought in Their Constructive Aspects. It concludes the author's plan of presenting a unified view and critique of the whole field of psychology and is an expression of his personal point of view and experience. Although it is much concerned with the ideas of Freud, it is not a presentation of his contributions nor of present-day psychoanalytic thought and knowledge. It is not a good book for beginners, but only for those who have sufficient knowledge and perspective in this field to make critical evaluations.

After a consideration of the concept of biography and reality, the author reviews such vital topics and problems as: Aggression and the Openings of the Body, Superiority and Inferiority and the Structure of Society, Attitudes toward Death, Infantile Sexuality, Problems of Homosexuality, Masculine and Feminine, Ideologies, Work, Morals. In the discussions of these topics the goals and desires of man are not dealt with specifically.

The views of others, especially Freud, are presented and freely judged. Often these judgments are rather dogmatic and the reasons behind the conclusions to which the author objects, as well as those behind his own position, are not always fully expounded. His own conclusions represent 'the principles governing these investigations and their results'. Some of them will convey something of the content and flavor of the book.

> 'Almost all modern psychologists, as Freud, Jung, and Adler, approach the problem from the point of view of naïve realism, and they are right in doing so. In the Philosophy of Dewey and Russell this problem has found a more exact formulation. In Freud's writings and in the writings of many analysts, the bona fide acknowledgment of reality is impaired by the tendency to put too great emphasis on the projection mechanism.'
>
> 'It is Freud's merit to have emphasized the principle of causality in psychic life. He has applied this principle too rigidly. The only psychoanalytic paper based upon the achievements of modern physics, which doubts the complete determination in psychic life, is the paper by Sandor Rado. It is a very timid doubt.'

'Desires and instincts cannot be understood as mechanical agents. They have aims and purposes. The latter point has been stressed by Adler, and less vigorously by Jung. Both neglect the causal and physical aspects of purpose and purposive behavior. Freud sees life merely as a drive which pushes somewhere. The concept of purpose as an attitude towards the future is foreign to him.'

'It is Freud's basic assumption that desires intend to establish a state of rest. I think that this assumption is fundamentally wrong. Freud's opinion comes again very close to the formulation of Schopenhauer. Adler, and in a lesser degree, Jung emphasize, with a different terminology, the progressive character of drives.

'The world not only exists; it also offers interests. It invites action towards it, but there is also a genuine wish in ourselves that the world should persist in its variety.

'To Freud, the world merely serves to satisfy drives, a satisfaction for which the individual craves, without taking into consideration the world as such.'

'A constructive effort towards the world is already present in the perception and the creation of objects.

'This statement can be taken implicitly from the trend of psychoanalysis, especially in dream interpretation.'

'There are no unconscious psychic experiences in the sense that the quality of awareness is absent. There is a continuous interchange between foreground and background of experience.

'Freud acknowledges, besides the unconscious, the preconscious in which the psychic processes go on in the same way as conscious process does, but without the quality of awareness. According to my opinion, all experiences have the quality of awareness but some remain in the background.'

'Individuals are interested not only in their own existence and self-preservation; they have a full interest in the outward world and its preservation.

'Forced by his own assumption of the regressive character of drives, Freud has finally characterized the death instinct as a tendency to one's own death, and has overlooked not only one's primitive pleasure in one's own existence, but also one's pleasure in existence generally.

'Destructive tendencies exist. They are a necessity in every construction. The existence of independent destructive tendencies must be denied (contrary to Freud).'

'Sex is a relatively independent and general quality of the existence of organisms.

'Freud has seen the importance of sex; he has recognized its masks and also its symbolism. He was never clear about the relation of sex instincts to other instincts, and in his later writings gave them a shadowy partner in the form of death instincts which are supposed to remain outside of experience.'

'There are no "primary" sex differences outside of feminine and masculine actions in connection with sex anatomy, sex function, and sex

behavior. The difference between the male and female psychology, beyond this, arises from social factors.

'This is the point of view of Alfred Adler. Robert Briffault and Karen Horney have come to the same conclusions.'

'The psychic expression of sexuality is incompleteness and the necessity for contact with another individual. Sex is, therefore, one specific expression of the "social" characteristics of life.'

'Parallel to the construction of one's own body and one's own personality and the construction of other human beings, there is a primary interest in the persistence, in the existence, integrity, and well-being of fellow human beings. Destructive tendencies exist but they finally serve constructive purposes.'

'There is no room for any specific death instinct (Freud). Death is a catastrophe. Life is not.'

'Because the sensory side of experience forms a unit with its motor side, psychology and ethics cannot be separated from each other.'

As will be seen from these quotations, the author believes that Freud's acknowledgment of reality is impaired by too great emphasis upon projection, that he has applied causality too rigidly by missing the 'principle of indeterminism' of physics, that he neglects purpose and sees desires only as seeking a state of rest, that he neglects pleasure and constructiveness, and that he was never clear on the relationship of sex instincts to other instincts, having missed their connection with tender feelings, and made death instincts their partner.

These are not correct representations of Freud's views. They set up a straw man and not the positivist who described projection in paranoia, who distinguished the aims and goals of sexual urges, who formulated the pleasure principle and the reality principle, 'object interest' and the 'genital level', and who pointed out the rôle of sexuality and erotization in sadism and masochism, and its connection with oral, anal, phallic and genital zones and interests.

The author is unsympathetic with the destructive tendencies and minimizes the differences between the sexes. He accepts in general the superego, ego and id formulation, but denies the unconscious in Freud's sense. But the discovery of the dynamic unconscious is the very essence of Freud's contribution. Without a thorough grasp of its reality, no objective critique of psychoanalytic findings is possible.

Some of the inaccuracies and confusions may be due to the difficulties under which the book was written and reached its final

form. For example the principle of indeterminism in physics does not apply to causality but only to method. The gist of this principle is that the position of an electron can not be determined when the method of doing so changes that position. It has no bearing upon causality or determinism in other branches of physics or in mental life. The discussion of semantics does not seem to be well integrated with the context. Quoting T. A. Richards and Baron (page 232 and index) where Ivor A. Richards and Francis Bacon must have been intended, indicates oversights in the editing.

LEON J. SAUL (GLENWOOD SPRINGS, COLORADO)

INTRODUCTION TO THE PSYCHOANALYTIC THEORY OF THE LIBIDO. By Richard Sterba. New York: Nervous and Mental Disease Monographs (No. 68), 1942. 81 pp.

In his preface, Dr. Sterba proclaims the timeliness of a recapitulation of Freud's theory of the instincts, in the face of the all too familiar assaults made upon it in recent years. With such a militant foreword one might expect a somewhat polemical account of the libido theory, but this is not at all the case.

Actually, this well-condensed work should prove of sound pedagogical value, for it presents the classic findings of the instinct theory with simplicity and a positiveness born of complete conviction. It is not for the relatively uninformed laity, whose rôle as an audience to the controversy is referred to in the preface, nor yet for those qualified to enter the lists as seasoned adversaries. As a simple restatement it will hardly convince those who do not accept the libido theory, nor add to the armament of those who do. In a word, if the author had stated his intention of simply compiling a student's text, one could find as little fault with his purpose as with its execution.

NATHANIEL ROSS (NEW YORK)

BORDERLANDS OF PSYCHIATRY. By Stanley Cobb. Cambridge: Harvard University Press, 1943. 166 pp.

The author states in his introduction that 'this is neither a text book nor a monograph; probably it is best described as a series of essays on a group of subjects that have long been of especial interest to the author'. These essays are an elaboration of a series of lectures given in 1940 before the Lowell Institute.

He begins by discussing the body-mind problem and in the first chapter gives several excellent cases illustrating the impossibility of making a scientific approach to the study of disease by a wholly somatic or a wholly psychic ideology. He goes on to the subject of the evolution of speech, vision and intellect with an extra chapter on speech and language defects. He then discusses the function of the frontal areas of the human brain and follows this by an essay on the anatomical basis of the emotions. Next there is a discussion of consciousness and disturbances in consciousness and he finally concludes his book with essays on psychoneurosis and psychosomatics.

As usual, Dr. Cobb's writing is concise and forthright and makes difficult subjects as clear as possible. There are some excellent charts on the incidence of borderline disorders in the community as well as some diagrams on the brain areas which make the reading of the text more understandable. The case histories are also diagrammed in a way that would serve as a model for psychosomatic history taking.

This book is written in a manner that is readily utilizable by the medical student and yet at the same time it covers topics upon which the teacher and the clinician are always seeking more enlightenment. Consequently it is a book for everyone in the field of medicine. When a man of Dr. Cobb's standing in the fields of neurology and neurophysiology as well as psychiatry turns his attention to such problems it is a privilege to have his reflections upon them.

O. SPURGEON ENGLISH (PHILADELPHIA)

TOMAS DE AQUINO Y LA PSICOPATOLOGIA. (Thomas Aquinas and Psychopathology.) By E. Eduardo Krapf. Buenos Aires: Editorial Index, 1943. 45 pp.

The author of this little brochure believes that most psychiatric historians, even though recognizing St. Thomas's contributions to philosophy and normal psychology, have not appreciated his references to the psychiatric disorders. Nevertheless in the actual construction of his thesis the author finds that he must also present a summary of the psychological theories, and the result is that these fill thirty-three of the forty-five pages. St. Thomas, as is well known, advanced some concepts which fit in very well with certain modern theories, since he was much aware of the presence

in the psyche of conflicts between its parts. Dr. Krapf is struck by the libido theory foreshadowed in the thomist idea of *concupiscentia.* But St. Thomas thought that this as well as *ira* produced sin not illness, and this reviewer finds a good many of the alleged similarities between St. Thomas and the moderns very strained. This book contains nothing to show that St. Thomas's knowledge of psychopathology is really of substantial interest. He knew the classical names for the psychoses and used such words as *insania, mania, melancholia,* for he certainly had read everything written, but he had nothing to add to psychiatry, nor was his use of psychiatric terms much more than casual. Even defects of intelligence *(stultitia)* were sins. *'Anima enim humana not potest corrumpi, nisi per se corrumperetur'* was meant quite literally. Dr. Krapf does make one interesting point about the Middle Ages: he points out that many people, even some historians of psychiatry, associate the burning of witches with that period. This particular method of physiotherapy, however, already appertains to modern times.

B. D. L.

COLLECTED PAPERS OF THE FIRST MOSCOW PSYCHIATRIC INSTITUTE. Moscow: Narkomzdrav, Foreign Dept. Vol. II, 1939, 416 pp.; Vol. III, 1940, 488 pp.

The First Moscow Psychiatric Institute is the oldest psychiatric clinic in the Soviet Union and Volume II is dedicated to the one hundred and thirtieth anniversary of its foundation. Some of the best work of Russian psychiatry has been done in this clinic. To the outside world the clinic is best known because of Korsakoff's work on toxic polyneuritis which was done there. Volume II contains twenty-two papers on various problems of clinical psychiatry and three articles on the history of the clinic. The most interesting paper covers the day care of psychiatric cases, a unique treatment which has been developed by Russian psychiatrists. Day care clinics are a combination of a large out-patient department and a sheltered work shop to which go psychiatric patients who have been discharged as partially recovered from mental hospitals, but who cannot adjust themselves to everyday life in a community. Hence a special environment is created for them where they can spend a whole day, partly at work, partly at various types of social, musical and artistic activities where the process of socialization goes on, and partly following their own inclination.

The authors of this article, Djagarov and Kudinov, stress the fact that such day care is only possible in a state which takes the definite position with reference to people who are mentally ill exemplified by the philosophy of the Soviet Union which stresses the value of every human being to society no matter how much he has been damaged by illness. It is the task of psychiatry to give the patient a feeling that he is a valuable social being, needed and wanted by his fellow men. The psychiatrist has a free range and every material assistance to carry out this ideal. Patients come to these large, well equipped rehabilitation centres in the morning and return to their families at night. There is no useless practice of arts and crafts, no basketry, no weaving of rugs. Patients make useful articles which are badly needed by the state; when they do not know how to make them, they are trained. Complicated mechanical operations are taught, ranging from welding to tool and die making. This is interspersed with dramatic and political club meetings and discussions of the value of people in Russian society. In this respect it corresponds to the sheltered work shops which exist in our larger cities.

The other papers in Volume II deal with shock therapy. There are excellent reports on psychoses treated with malaria as a means of shock and a very fine clinicopathological paper on lues of basal ganglia.

Volume III is devoted primarily to a discussion of various forms of shock therapy of schizophrenia. The leading article, by Kronfeld and a large number of assistants, describes a follow-up of three hundred and sixty-five cases of schizophrenia which are divided into nine groups, each group being treated by different forms of shock therapy. The follow-up was of at least one year's duration. Insulin was found to be most effective with forty per cent recovery, and malaria least effective with two and six-tenths per cent recovery.

This volume includes an extensive paper by Djagarov and Balabanova on the history of psychotherapy of mental diseases. There is an interesting comment on psychoanalysis and its place in the treatment of neuroses in which views are expressed that remind one of the works of Karen Horney and her pupils. The authors are enthusiastic about biological methods of therapy but stress the idea that psychiatry is still in a state of confusion as long as we do not know the etiology of psychoses. At the same time there is a dangerous tendency to draw conclusions from the

empirical data of therapy. They feel that the time is ripe for a change in our fundamental concept of mental disease. On the one hand, we try to mobilize all the positive factors in the organism of the psychiatric patient to bring about his recovery, while on the other, we destroy the very forces which we want to use for his rehabilitation. We speak of the mind and body as being the same but in therapy they are entirely separated. The psychoanalyst sticks to psychological factors, the state hospital psychiatrist uses shock therapy, and the twain never meet. In discussing malaria there is an interesting comment on the fact that Hippocrates sent those of his psychiatric patients who had convulsive seizures to the Pontine Marshes near Rome where they were infected with malaria.

Several papers are devoted to a discussion of the therapy of catatonic excitement. It was found that shock therapy is very useful in such cases and recommend that the patient return to active life as soon as symptoms clear up. When this is not done, the symptoms return. There is also a very excellent paper by Kaneneva and Kudinova on the archaic delusions of schizophrenia.

Both volumes show an extraordinary development of psychiatry in the Soviet Union. It is very interesting that most papers are by more than two or three authors, indicating that investigative work in psychiatry, as in all sciences, is no longer an individual matter, but a coöperative one in which a large number of scientists make their contributions in an attempt to solve a common problem. These papers contrast strikingly with those from the same source which the author has reviewed in the past. In previous papers very little reference was made to work by American and English authors, whereas the papers in both these volumes show some knowledge of our psychiatric literature, although most of them are based on an entirely biological orientation and one does not find the same appreciation of the dynamic factor in psychoneurosis that is found in this country.

J. KASANIN (SAN FRANCISCO)

PSYCHOTHERAPY IN MEDICAL PRACTICE. By Maurice Levine, M.D. New York: The Macmillan Co., 1942. 320 pp.

Dr. Levine's book fills a great need in the library of every physician. It is not a text book burdened with technical terms but is

full of facts and problems that are encountered in every doctor's daily practice. In times like these, when added strain and tension augment neurotic tendencies, and when at the same time there are not enough trained psychiatrists, the general practitioner is more frequently called upon. It is usually he who sees the patient first and, having the patient's and his family's confidence, he is in the best position to give advice. This book will help him make the most of his opportunities. It will show him what to look for with regard to mental disturbances, whether and how he should handle them himself and when he should refer them to a specialist.

Although the author states that he writes for the non-psychiatrist, he is addressing the psychiatrist as well, especially in the first chapter on Common Misconceptions in which the common misunderstandings of the non-psychiatrist are illuminatingly discussed.

Dr. Levine lists twenty-four misconceptions such as the rôle of heredity, the popularly supposed causations of mental illness like masturbation, overwork, daydreaming, sexual experiences. He draws no sharp line between normal and abnormal and makes clear that mental illness is no disgrace. He emphasizes the multiplicity of mental disturbances, their etiologies and the types of treatment.

Four chapters deal with various methods of psychotherapy starting with those that can and should be used by every doctor and are in fact unconsciously employed by every good physician. A personal, yet unemotional interest and understanding and a thoroughgoing physical examination, or medicinal treatment, are in themselves a form of psychotherapy. Advice tendered in difficult home situations, the fostering of interests and hobbies, occupational therapy and a certain amount of suggestion, are all of psychotherapeutic value. Dr. Levine distinguishes between 'minor' and 'major' psychiatry, by making an analogy to surgery in which mild disorders are treated by the general practitioner, whereas severe disturbances or those needing specialized methods should be referred to the specialist.

The patient-doctor relationship is very much like the child-parent relationship, especially in neurotic individuals. As with children, identification with the doctor can help the patient build up a more mature ego. The physician should be aware, however, that these methods, though they may ease a particularly strained

external situation, will most often afford only temporary relief because of their superficiality.

Dr. Levine goes on to discuss methods that may be used by the practitioner who has some special training. Methods like 'confession and ventilation' give the patient an opportunity to unburden himself and shift some of his responsibilities, whereby he lessens his guilt feelings. This should not be done too intensively, because it brings about dangerous transference situations which can be handled only in a psychoanalysis. The values and dangers of discussing the details of the patient's life history, of persuasion and reëducation, are pointed out.

The fifth chapter gives a brief but concise outline of special techniques like shock therapy, hypnosis and psychoanalysis. Without being too technical it gives just enough to acquaint the practitioner with these techniques and their uses. Dr. Levine reviews the fundamental theories of the leading schools, mainly Sigmund Freud's and Adolf Meyer's, in a few words.

The chapter on Suicidal Risks is very important. Many conditions besides manic-depressive psychoses involve the danger of suicide and it is of great value to the general practitioner to be familiar with the various possibilities, since he is often the only one who sees the patient.

The seventh chapter, on The Study of Psychogenic Factors, illustrates the relationship of a well taken history to the choice of the most suitable type of psychotherapy. The doctor's attitude in taking the history should be one of 'interest, patience, and benevolent scepticism'.

The following chapter deals with cases classified according to the types of therapy indicated for them. It gives a short but very systematic diagnostic outline, not intended to replace a textbook.

Chapter IX, on Sex and Marriage, describes the benefits and problems stemming from marriage. It deals with misconceptions about the size of the genitalia and 'perverse practices'. The existence of infantile sexuality and the great influence of childhood experiences on sexual adjustment in later life are emphasized.

The two following chapters deal with problems of children. In order to feel secure the child must have someone on whom he can depend, but at the same time he must develop self-reliance and independence. Here the general practitioner can be helpful by creating a more wholesome attitude in the parents and by estab-

lishing a friendly relationship with the child himself. More often than not he will encounter problem parents rather than problem children. A classification of psychiatric disorders in children is given.

The twelfth chapter discusses Normality and Maturity, and the final one suggests literature for the physician's own use and for recommendation to his patients.

In spite of its thoroughness and the generous amount of factual material in it, the whole book is written in easily understandable language and is fascinating reading. It is organized very systematically, without ever becoming dry or rigid. There is only one danger: it may give the impression that certain forms of psychotherapy are quite easy and self-evident, rather than stressing that mental disorders are frequently more deeply rooted than they seem and that the general practitioner is neither expected nor equipped to cure neurotic patients.

One other extremely important statement that Dr. Levine makes is that every doctor who undertakes any form of psychotherapy at all should be emotionally stable and well integrated himself. More, he should not hesitate to get a specialist's advice for himself or for his patients' problems.

The book is certainly the most valuable of its kind, and will be very helpful to every physician who has a genuine interest in his patients.

ELSE PAPPENHEIM (NEW YORK)

AMERICA'S LAST KING: AN INTERPRETATION OF THE MADNESS OF GEORGE III. By Manfred S. Guttmacher, M.D. New York: Charles Scribner's Sons, 1941. 426 pp.

George III had at least five periods of overt mental illness, the first in 1765 at the age of twenty-seven, the last during the final decade of his life, from the age of seventy-six (1810 to 1820). Guttmacher has written a detailed psychiatric biography based upon the works of historians and records of contemporaries of George III, and upon unpublished letters of the King and his intimates. He has also used other little known source material found principally in the Royal Archives of Windsor Castle. The result is an informative and for the most part interesting, though occasionally obscure and repetitious, study of a man whom most of our textbooks misrepresent and most Americans misunderstand.

The author makes his diagnosis in the opening pages: 'manic-depressive psychosis'. The first episode is described as a mild depression, and others as manic excitements. Throughout the book he adheres rigidly to the debatable concept of life-long manic-depressive psychosis as a definite clinical entity. According to the author, George III was handicapped by inherited 'neuropathic taints'. The psychotic episodes were the result of 'frustration' which Guttmacher attributes largely to persons and events in the external situation.

The book is, of course, written for the educated layman, and there is little point in drawing fine psychiatric distinctions. The reviewer would prefer to call the first severe illness a neurotic depression. The following two episodes were, as the author makes apparent, manic excitements of psychotic degree. The contribution of eighteenth century treatment to the patient's disturbance is too little emphasized. The constant use of emetics, cathartics, and bloodletting, and the failure to control insomnia and hyperactivity must have brought about dehydration, vitamine deficiencies, general malnutrition, secondary anemia, and perhaps toxemia. All of this must have aggravated the mental illness and increased the patient's confusion and excitement. The last two illnesses were characterized by many schizophrenic symptoms.

Psychoanalysts will fail to find a really dynamic interpretation of George III's personality. Much crucial childhood material is missing, but it seems clear that the King was a compulsive character from early adolescence, that he had an unconscious passive homosexual attachment to the Earl of Bute, and that he wrote to his mentor with a deep sense of unworthiness about 'sins' that beset him during adolescence. Symptoms of compulsion neurosis included explosive speech, chronic indecision, and excessive attention to precision and detail.

Despite the paucity of childhood material, it seems evident that George III must have felt torn between his parents. Rejected by his father and reared principally by his mother who was very exacting in her expectations of him, he was forced to ally himself with her political faction and to rely entirely upon her authority and the counsel of her friends. Essentially unloved, with deep feelings of inadequacy, insecurity and guilt, he was nevertheless commanded: 'George, be King!'. It is hardly surprising then, that the most severe psychotic episode, excepting the last, came at a time when his failures both as a father and as a king overwhelmed him.

There were other severe pressures upon his already fragile personality. At eighteen he loved the beautiful Lady Elizabeth Spencer but was caught between his mother's wish to continue her domination over him and King George II's attempt to force him into a political marriage with a German princess. Later, his own strict moral code, contrasting sharply with the general licentiousness of the Court, denied him the usual escapes; only in psychotic periods was he able to profess his continuing love for Lady Elizabeth, then the Countess of Pembroke.

The author permits himself the luxury of some 'urbane' castigations of psychoanalysis which succeed chiefly in revealing his own lack of information. That George III failed to become ill following the death of his mother, he states, 'is of psychiatric importance, particularly in the light of the tenets of the more ardent freudian disciples, who, with their sexocentric emphasis, postulate œdipus conflicts as the basis of so many mental disorders. If such were the case with George III one could have expected a flare-up at his mother's death.' If only it were as simple as that!

DOUGLASS W. ORR (SEATTLE)

DOCTORS OF THE MIND. By Marie Beynon Ray. Boston: Little, Brown and Co. 1942. 335 pp.

This is a popular book on the history and the present status of psychiatry by a former editor of Vogue and Harpers Bazaar. Written in a light, journalistic style, it is very readable and entertaining. Although it is often uncritical and naïve, it will stimulate and instruct the unsophisticated layman to whom it is addressed. The method used is largely the reporting of conversations held with well-known contemporary psychiatrists, thereby dramatically bringing into focus their case material and their special views on theory and practice. The theme of the conflict between those two camps in the psychiatric profession, the neurophysiologists and the psychologists, runs through the book for further dramatic effect. It is all happy, good humored and engaging and will promote popular good will for the psychiatrist, especialy for the laboratory psychiatrist, as Men in White did for the surgeon.

That three chapters are given to shock therapy because of its news value and only one to the The Three Grand Old Men, i.e.

Freud, Adler and Jung, is not too important in such an unpretentious book which successfully does its bit towards humanizing knowledge for the masses.

SAMUEL ATKIN (NEW YORK)

THE MIND AND ITS DISORDERS. By James N. Brawner, M.D. Atlanta, Georgia: Walter W. Brown Publishing Co., 1942. 228 pp.

This textbook on psychiatry purports to meet the need of the general practitioner, particularly in a small community, who is obliged to deal with mental disturbances. It is an incredibly naïve presentation of the subject and it fails completely in its aim. An inept attempt is made to present a psychopathology on the crudest neurological basis. An example: in paranoia 'the abnormal stimulation of a given ideational center will cause "reasoning from false premises", and such reasoning will seem sound to the patient if the lines for the discharge of the misdirected neural energy are well formed . . . Sooner or later, the vicarious channeling in his brain becomes so well organized that he believes that his absurd ideas are true . . .'

The works of the medical psychologists of the last century were all in vain as far as Dr. Brawner is concerned. Therefore, the medical practitioner whom he sets out to instruct will be left in the dark about them, and, for that matter, about the application of neurophysiology to psychiatric problems as well.

SAMUEL ATKIN (NEW YORK)

COUNSELING AND PSYCHOTHERAPY. Newer Concepts in Practice. By Carl R. Rogers. Boston: Houghton Mifflin Co., 1942. 450 pp.

Fathered by the child guidance movement, the American Orthopsychiatric Association is a catholic fellowship of all persons working in a common field. It is a vertical union welcoming into its membership persons of highly divergent techniques and ideologies. The result has been, not vapid neutralization, but cross-fertilization. Lively interest has been shown in the common factors at work in various schools of therapy. One leader, in this effort to winnow out the verbiage and find the kernels of understanding of the actual processes which occur in therapeutic contacts, has been Carl Rogers, Ph.D. With research training, well-rounded experience in a variety

of clinical situations, and now the professorship of clinical psychology at Ohio State University, he is well fitted for this task.

This book represents the progress of the enterprise to date and merits careful reading by analysts, although it is primarily written for the hosts of less initiated counselors on problems of human relations. Rogers' important research innovation has been the systematic use of electrically recorded interviews as a means of studying at leisure what has really taken place. It is likewise a technique for training therapists.

About half of the book is devoted to the author's delineation of what he considers the essentials of the therapeutic process and the typical phases through which it progresses. The chapter on old and new viewpoints is especially valuable. The newer approach is characterized by: (1) the endeavor not to 'do something' to the client but to help him remove obstacles so that he will be freed for his own growth; (2) greater stress on the emotional satisfactions which the individual achieves through his present maladjustments; (3) greater stress on the immediate situation; and (4) the therapeutic relation in itself as a growth experience. Rogers includes an admittedly schematic and incomplete outline of the characteristic steps in any psychotherapeutic procedure which he asserts are found in the analysis of the records of the most widely diverse types of case.

Counseling, whether 'therapeutic' or 'educational', is defined as 'a series of direct contacts with the individual which aims to offer him assistance in changing his attitudes and behavior'. The fundamental techniques are those which encourage the patient to express himself as freely as possible in a permissive atmosphere. Here we are close to free association methods or, as Adolf Meyer expressed it, 'giving the patient the lead'. Rogers firmly repudiates all directive counseling, by which he means the authoritative attitude in which the therapist dominates the interview and allows the patient to assume that the counselor has the answers. For this reason history-taking routines are omitted because a more dynamic history is obtained *in curso* (it is to be regretted that no mention is made of the 'associative anamnesis' of Felix Deutsch) and tests, the usual armamentarium of the clinical psychologist, are little used except when they meet a felt need of the patient.

On the basis of the study of phonograph records, Rogers believes it can be shown that 'resistance' is not an inevitable part of

psychotherapy, but arises primarily from poor technique, especially from efforts to shorten the therapy by bringing into the discussion emotional attitudes which the patient is not yet ready to face. The records show that when this is attempted, or when the counselor becomes directive in other ways, there is a veering off and a loss of time. In fact, he makes bold to assert, 'If free expression is unhindered by counselor bungling, if emotionalized attitudes are accurately recognized, if insight is increased by well-selected interpretations, the client is likely to be able to handle his own affairs after six to fifteen contacts, rather than fifty' (p. 232).

The proof of the pudding is said to be in the eating. In the last two hundred pages we have the transcribed recording of an eight hour therapeutic contact, together with the author's comments. We are free to judge whether the anonymous counselor sticks to his rôle as defined by the author and whether the characteristic steps unfold according to schedule. If we agree, we may assume that we are talking about the same phenomena; if we disagree, we can still talk about the same phenomena.

The reviewer was fascinated, but saw what happened in quite a different light than did the author. The patient complained of voyeurism and conversion symptoms, suffered from acute anxieties, drank a good deal, was drifting in his career, and was prone to over-intellectualization and philosophical doubt as modes of defense. Yet in eight hours 'something happened' and there was a change. To us it would appear that there was cure by identification with a somewhat directive counselor who, contrary to the author's principles, controlled the situation by highly loaded remarks so that the patient was left no self-respecting alternative but to give up what he called the neurotic satisfactions. He said, 'My neurosis is definitely a thorn, but there's such a nice rose along with it' (which the author feels is a classic definition of a neurosis), and quickly chose the immediately less pleasant but in the long run healthier and more satisfying road of assuming responsibility for directing his own life. To document our impression of cure by identification, which is certainly a not unfamiliar outcome in psychopathic males with hysterical traits, would carry us beyond the limits of a review. Each reader will probably wish to make his own analysis of what happened.

The proof of the pudding should also be in the digestion. No follow-up history is given in the book but the author informs the

reviewer that for five months the client satisfactorily held a hard working job which he would formerly have despised, after which external events necessitated his moving to another city.

Probably none of us are in position to be arrogant about our therapeutic insights and results and here is a solid and earnest book which, if we approach it without the all too prevalent captious spirit, is bound to be constructively stimulating. Certainly analysts could emulate Dr. Rogers in his attempt at the objective reporting of the therapeutic process.

JOSEPH CHASSELL (BENNINGTON, VERMONT)

PERSONALITY AND MENTAL ILLNESS. By John Bowlby, M.D. New York: Emerson Books, Inc., 1942. 280 pp.

This monograph is in the purest phenomenological and descriptive tradition of classical psychiatry. This is particularly notable in view of the fact that the author is a psychoanalyst who is associated with the London Clinic of Psychoanalysis. Too frequently those who work in the psychiatric outpatient clinic are able to make refined psychodynamic reconstructions but unfortunately fail to recognize a latent schizophrenia or depression. Clinical psychoanalysis can ill afford to divorce itself from its parent discipline, particularly with respect to the problems of diagnosis and prognosis. It is on these problems that the author has thrown some light.

The approach is typological and takes its departure from Bleuler and Kretchmer. 'Variations in health and ill-health are thought of wholly as matters of degree. The qualitative distinction which is thought to be vital is that between the affective and schizophrenic psychoses. This does not mean that gradations between the two types are impossible, but that two factors at least (determined by heredity) are involved, the majority of people having either one or the other and only a few having both.' Within these types (the author speculates that there is 'possibly' a third, the epileptic) there occurs a series of clinical groups which are not mutually exclusive but which, by degrees, pass from 'certain healthy personality types' through 'certain abnormal personality types' and 'certain psychoneuroses' to the respective psychoses.

This concept differs from that of the past in that each of these groups were considered essentially distinct, showing a greater unity within themselves than with any of the others. Psychoanalysis has

held this view. Thus Fenichel writes, 'Schizophrenia and cyclothymic disorders seem to us to be related, at any rate in the crucial features that distinguish them from the neuroses and from normality.' 'Glover's scheme', says the author, 'is only a slight modification' of this view. The variable which Glover perceives is the degree of regression, based on the fixation points, which characterizes each group. 'If this were true we should expect that, when an obsessional patient becomes worse, he would develop a manic-depressive psychosis. This of course sometimes happens but other obsessionals develop schizophrenia without any symptoms of an affective psychosis.' Thus also, a hysteric may develop into a schizophrenic without transitional obsessive or manic-depressive features. 'In addition we find in many patients an alternation between a neurotic state and a psychotic state.' On the other hand 'despite the occurrence of mixed states, the affective and schizophrenic psychoses are commonly very different both in symptoms and in course, and transitions from one to the other are not common'.

The author makes further attempts to prove the thesis that there exist two main personality types, the schizoid and the syntonic, by quoting evidence in the English and American literature and by presenting material from sixty-five of his own carefully studied cases. His evidence is drawn from the 'personality studies' so well known in this country. The personality traits described in these studies were classified on the basis of their incidence in individuals who ultimately developed either of the two major types of psychoses. Thirty-three 'specific' schizoid traits and seventy-two 'non-specific' depressive and hyperthymic traits were listed. The incidence of the respective traits was then studied in individuals who suffered from the various psychoneuroses; and the important observation was made that the personalities of nonpsychotics, as well as those of psychotics, could be classified as schizoid or syntonic. Furthermore, 'a schizoid will always remain schizoid and only vary from one subtype to another'. This is true even when effective psychoanalysis has returned a neurotic to stable normality. In short, the personality type is fixed and immutable and determines the type of psychosis an individual will develop in the event of a breakdown of the neurotic defenses. In other instances it establishes a

prognosis for the individual's susceptibility to remission after successful treatment for a nonpsychotic illness.

Other conclusions worthy of note are the following: (1) There is a false distinction between anxiety neurosis and anxiety hysteria. (2) Anxiety states and neurasthenias are usually mild forms of the affective psychosis. Sometimes they are allied to schizophrenia. (3) Conversion symptoms and obsessional symptoms appear in both schizoid and syntonic types and may be either preschizophrenic or defenses against depression. (4) Hysterical and psychopathic personalities are 'usually schizoid, but may also be syntonic'. (5) Impotence is common in both main personality types but 'manifest homosexuality and fetishism were believed to be far more frequently functions of a schizoid personality'. (6) It is far more important to know to which main type of personality the patient belongs than to try to settle the diagnosis between the traditional groups: anxiety state, hysteria, obsessional neurosis, psychopathic personality, etc. The latter simply describe the symptoms of the particular defensive equilibrium which an individual of given personality may be able to maintain at a given period in his life. As such, they may be fixed or capable of transition to other forms.

This is a thoughtful work which pretends to no dogmatic finality but is certainly provocative of further thought. Even in its present form it has great clinical validity.

MAXWELL GITELSON (CHICAGO)

RELIGION IN ILLNESS AND HEALTH. By Carroll A. Wise. New York and London: Harper and Brothers, 1942. 279 pp.

This book is written by a clergyman who has had extensive experience with the mentally sick, and has come to the conclusion that the psychosomatic point of view is the most adequate approach to an understanding of the problem. Intending it primarily for clergymen, the author gives a resumé of modern clinical psychiatry by the use of quotations from, and by frequent references to, technical works listed at the end of each chapter. Wise deplores the tendency of 'clergymen to assume the rôles of psychiatrists or social workers', stating that his work is not intended as 'a book of rules or procedures for producing religious cures of the ill. . . . It is rather meant to be a discussion of basic problems which should serve as

a background for the development of the various functions of the clergyman.'

'It is characteristic of theologically trained persons to view religious experience in the light of some theological, psychological, or social theory of life and religion. Clinical experience, in contrast, centers attention on the living person, and leads to the evaluation of religious ideas and behavior, in whatever degree of pathology or health, in the light of their function in the personality as a whole.' He believes all clergymen should have psychiatric training. 'There is no substitute for this and it is hoped the book will convince the reader of the need and value of such training.'

Wise's fundamental thesis is that 'Illness and health are the products of the functioning of the individual as a whole within his total environment. Illness, whether the symptoms are primarily developed on the chemical, physical, psychological, social, or religious level, or a combination of these, is indicative of failure of the process of adjustment of the total person in his environmental relationships. Illness is thus the product of the way of life followed by the individual and the group. The same is true of health except that health is a positive achievement that is both the result of and the basis for the fulfilment of personality. In either illness or health, religion functions on the level of meaning, value, and purpose, negatively and positively. Meaning, value, and purpose are not philosophical abstractions, but living realities that crystallize experience in terms of the person as a whole. In turn, they modify and influence subsequent experience and the further interpretation of experience. The symbolic structure of religion offers a form through which meaning, value, and purpose are formulated and organized, either negatively or positively, judged from the point of view of personality integration and growth. When true to its character and function, religion seeks the development of inner attitudes toward and interpretations of life experience which in turn become the basis of a way of life leading to the solution of conflict on the basis of coöperation with the fundamental realities of the universe. When not true to its basic character and function, it leads to the development of attitudes and interpretations in which evasion and concealment and escape or rebellion are the dominant trends.'

LEO H. BARTEMEIER (DETROIT)

CONTEMPORARY PSYCHOLOGY. By Nisson Touroff. 2 Vols. in Hebrew. Tel-Aviv, Palestine: The 'Dvir' Co., Ltd., Vol. 1, 1939, 299 pp.; Vol. II, 1941, 335 pp.

Dr. Touroff is a distinguished educator who taught pedagogy at the University of Jerusalem. He is also an excellent writer who has already enriched the modern Hebrew library with many contributions on psychology and pedagogy and thus has greatly contributed to the dissemination of modern psychological concepts in the Hebrew literature. This work on contemporary psychology shows him at his best in revealing the erudition and zeal with which he is so deeply endowed.

The first volume deals with the psychology of the individual. The author begins by accepting the psychoanalytic premises as the modern aspect of psychology. Although the discussion of freudian concepts takes up the major portion of the first chapter, Dr. Touroff also pays tribute to the teachings of Adler and Jung.

The second volume is devoted to a thorough and detailed presentation of mass psychology. It opens with a discussion of the various theories of heredity and environment. In the study of the psychology of nations, Dr. Touroff, as a confirmed Zionist, does not fail to include a special chapter on the psychology of the Jewish people. This volume also contains an appendix dealing with the phenomena of telepathy and physiognomy. Dr. Touroff is to be complimented for again having made a valuable contribution to Hebrew literature.

PAUL FRIEDMAN (NEW YORK)

ENVIRONMENT AND EDUCATION. By Ernest W. Burgess, W. Lloyd Warner, Franz Alexander, M.D. and Margaret Mead. Human Development Series, Volume I. Chicago: The University of Chicago, 1942. 66 pp.

This pamphlet is the fruit of a symposium on environment and education which was part of the Fiftieth Anniversary Celebration of the University of Chicago.

Professor Burgess discusses 'a new type of individual being created by the urban environment': a distinctly unhappy product of 'sophistication'. 'Sophistication' brings with it a somewhat ominous precocity, because youth leaves the controls of the family, the church and the neighborhood at such an early age. It also brings cynicism and 'tolerance'. 'But tolerance', says Professor Burgess, 'does not necessarily result in social integration. One

half of society does not know and often does not care how the other half lives. Employer and employee work together but in antagonistic coöperation.' He grants that sophistication has its value and may be 'necessary for personal adjustment in modern, complex society', but he finds the loss of the sense of 'belonging' to an intimate group or neighborhood a serious threat to social well-being and closely linked to the problem of delinquency.

'All reform efforts' (thus far directed toward this problem) he says, 'have been based on the notion of treating the child as an individual apart from society. Yet in the majority of cases delinquency, like nearly all human behavior, is a product of group and community life.' Only in the Chicago Area Project does the community rather than the individual become the object of treatment. Professor Burgess does not attempt to answer the question whether or not children who live in favored environments possess the neurotic potentialities which in 'blighted' or slum areas might flower into delinquency. He does point out, however, in referring to the studies of Clifford R. Shaw, that behavior both toward and away from specifically delinquent conduct is highly alterable by changes of neighborhood. Treat the neighborhood and leave the individual alone, he concludes. Delinquents need treatment not in institutions, but by deliberate techniques of 'incorporation into the community'.

The second paper likewise stresses the importance of the social environment and calls attention to the results of studies carried out by Professor Warner and his students in several American communities such as 'Yankee City' in New England and 'Deep South' in a southern state. For the purpose of studying the alleged mobility of American society, these communities were divided into six groups or social strata and the actual customs and prejudices that prevailed in each were carefully noted and appraised. As a matter of cold fact, American life does not encourage mobility or provide any real equality of opportunity. Despite lip service to democratic ideals, social cliques and class prejudices prevail in our schools and act early on the mentality of children, 'soon teaching the socially inferior or superior children how they must act to be prepared for acceptance of their inferior or superior adult status'. Schools are not wholly to blame for this failure since 'reforms cannot be achieved in our educational system unless the

general society in which the school operates is transformed into a truly democratic order'.

Finally, Franz Alexander and Margaret Mead, in the three succeeding papers, argue the old question of how much man's fate, i.e. character, is a product of his struggle with his biological instincts, and how much a product of cultural conditioning. Dr. Alexander refers to the position of the 'neo-freudians' (Horney and others), adding that he too recognizes 'the need for re-evaluation of cultural factors in personality development' and shares 'the view of this group concerning certain gaps in traditional psychoanalytic formulations'. However, he also points out that 'most of the basic psychodynamic constellations, such as the œdipus complex and the castration fear, have a more fundamental foundation than these critics of Freud want to admit; they have sources that are based on certain biological factors, overreaching specific cultural variables'. Margaret Mead for her part counters with a wealth of illustrations from primitive tribes, with which she attempts to show how personality types are referable to cultural differences and that, allowing for a higher degree of complexity, the same principle also applies to highly civilized people.

In replying, Dr. Alexander says, 'What Miss Mead means and what I mean by "personality types", seem to be two different things. She obviously refers to certain relatively easily modifiable *attitudes,* which in the same person may change when he emigrates from one civilization to another, and I refer to much less reversible emotional dynamic structure which is found in a very early period of life under the influence of heredity and of highly specific, as well as typical, culturally determined personal relations between parents, children and siblings.'

These writers' efforts to meet their differences squarely are somehow not wholly successful. Each states his view but never quite seems to get together with the other. As Dr. Alexander says, the difficulty lies in the fact that they are discussing personality at different levels. Although an acute observer, Margaret Mead's equipment and approach are not directed toward the unconscious sources of human behavior. As long as this difference between psychoanalyst and anthropologist continues, discussions between them seem likely to result in just this effect of shadow boxing.

ANNA W. M. WOLF (NEW YORK)

PSYCHOLOGY FOR INDIVIDUAL EDUCATION. By Lois Barclay Murphy, Eugene Lerner, Jane Judge, Madeleine Grant. Edited by Esther Raushenbush. New York: Columbia University Press, 1942. 306 pp.

At last a group of college teachers analyze whom, what, when, and above all, why, they teach. True, they discuss only four exploratory courses in psychology for freshmen at Sarah Lawrence College, but this amounts to an able, self-conscious statement of what both the college teacher and the college student is up against.

Traditionally, we have acted as though a Ph.D., or at least good personal connections, plus a modicum of respectability, somehow foster a pedagogy fit for college students; a pedagogy beyond investigation. In an effort to develop ways to study methods and to investigate student differences in learning, Sarah Lawrence has broken through this tradition. It has also attempted to explore what is meant by 'student needs'.

'Educational research', as interpreted by this college group, with the support of their General Education Board, is based on masses of diversified records, a study of student response, a courageous review of teacher effort, and an aggressive policy of publication. Two related studies are now in book form; a third will soon follow.

In orthodox educational psychology, 'interest' is treated as something by itself. Teachers are advised to arouse 'interest', and somehow keep it floating while they pray for a project. Psychology for Individual Learning leaves such a viewpoint far behind in its complete assumption that all learning is deeply rooted in the emotions. Interest is an expression of an emotional resource available in different students at different times about different matters. It then becomes axiomatic that the feelings of the people taught must be a part of the teacher's professional awareness.

In class, in conference and in the laboratory the four teachers of psychology deliberately seek to know the interests, worries, delights and inhibitions of each student. They follow the modifications effected by the dynamics of current living. They attempt to view each girl not only as a freshman in a particular academic setting, but as the product of her precollege history and family relationships. (A sizable order!) 'Though interested in the use students were making of psychology, and aware of their individual differences, my relationship with them was clearly that of a

teacher, not a therapist.' This quotation from Mrs. Judge characterizes the standard common to the several teachers.

The course content differs tremendously from one group to another. Its purpose and use by the students is too varied to be condensed. It bears no conceivable connection with the content so frequently offered in Psychology I.

Two laboratories, in addition to all of non-campus life, were used by the students and teachers. The nursery school on the campus was used for observation of human relationships; the biological laboratory for a quick glance at the physiological mechanisms known to affect human behavior. Moreover, as we learn from the chapter on the Use of Biology for Psychology Students, the laboratory illustrated additional methods of learning: through observation of dissection, use of diagrams, slides, etc. It also gave the teachers fresh clues to the understanding of how students learn or why they do not learn.

Obviously, these four teachers like to teach. They are remarkably free from institutional regimentation. They enjoy following their own growth as students teach them to modify some of their aims, attitudes and tempo. They understate, but perhaps they do not actually underrate, what their own vitality contributes to their classes and conferences. Because they declare themselves so freely, one would ask even more of them: What was it in your experience that caused you to rule out any lecture technique in teaching? What short cuts do you now think might have been possible in your study of student use of material, of the students themselves? Why do you seem so fearless about publishing so much identifiable data? Just where do you see your responsibility ending? Can freshman planning legitimately include prophetic foresight about the post-college life of your individual students?

Much is included that should be controversial, and may become so when college teaching is treated as a part of pedagogy. There is a danger that some of the thinking may be tossed away by many a college teacher as fantastic, the product of luxury. There is luxury in two hour sessions, regular and frequent student conferences, time to meet colleagues and above all in classes no larger than ten students. Yet there often is precious little learning when none of these luxuries exist. However, there is always the chance that the challenge of the laboratory will, through seepage or imagination, find its way into 'real' life.

ELIZABETH H. ROSS (PHILADELPHIA)

THE MARCH OF MEDICINE. The New York Academy of Medicine Lectures to the Laity, 1942. New York: Columbia University Press, 1943. 217 pp.

This is the seventh of this series and, as usual, contains informative material on a variety of subjects.

James Alexander Miller gives the interesting story of tuberculosis but avoids mention of any psychosomatic aspects. Tracy Putnam, in Brain and Mind, examines the 'conscious automaton' theory to find it wanting and gently urges new orientations.

Arnold Gesell, on Genius, Giftedness and Growth, considers his approach 'the monistic, biological concept of growth'. Perhaps mechanistic is another term. He considers the psychoanalytic and other approaches as 'dualistic', 'romantic', animistic' or 'supernatural'.

Other titles by eminent authorities are, The Freudian Epoch, The History of B-Vitamins and Knowledge of Nutrition.

The language employed is frequently too technical for the laity.

HUGH GALBRAITH (OKLAHOMA CITY)

INFANT AND CHILD IN THE CULTURE OF TODAY. By Arnold Gesell and Frances L. Ilg, in collaboration with Janet Learned and Louise B. Ames. New York and London: Harper & Bros., 1943. 399 pp.

This latest book from the Yale Clinic of Child Development presents, in readable and persuasive style, Gesell's (by now) well-known developmental data, which serve as the psychological and philosophical basis for a discussion of the acculturation of the child in home and school.

The developmental data reflect more than the usual refinement of observation and could have been achieved only through unremitting concentration and devoted absorption. Growth is charted from birth through five years, using as nodal ages four, sixteen, twenty-eight and forty weeks, twelve, fifteen and eighteen months, two, three, four and five years. The data are subdivided into four behavior panels: motor, adaptive, language and personal-social. The growth formula is given as a continuous repetitive succession of innovation-integration-equilibrium. By innovation is meant the organism's 'forward thrust at its growing margin' which is usually accompanied by anxiety. During periods of inno-

vation the child is in a state of disequilibrium and is difficult to handle, becoming more so if culture makes impossible demands upon it because it does not recognize these periods in the developmental sequence. They occur in between the nodal ages given above, which are the periods of relative equilibrium.

A developmental philosophy of acculturation rests upon a respect for the individuality of the child, a considerateness of its capacities and incapacities at all stages of growth. Thus, the mother is wisely urged to strive not for 'executive efficiency' through schedules, but to be 'sensitive to the child's behavior' which is the key to its inner developmental capacity and needs. We agree heartily in principle, but differ on some of the guidance suggestions. For example, when the child cries to be taken into mother's bed, the latter is advised to indulge the child, for it is only a passing phase, which may appear at the age of three and last a week or so. This has not been our experience. Such a demand commonly appears at about the age of two and a half years, as a sort of herald of a strong preference for one of the parents. If the child is indulged in this demand, it becomes increasingly more difficult to appease. This may seem like an insignificant detail on which to differ, but it is one example of a consistent tendency to read certain behavior superficially. Gesell's treatment of personal-social behavior suffers particularly from this almost Pollyannish superficiality, which is in sharp contrast to the penetration with which he treats other aspects of behavior. The Gesell school is at its best in describing and explaining behavior which leans most heavily on chronological and maturational factors, but it has been consistently weak where the development of behavior is influenced most by environmental factors, particularly by interpersonal relationships.

There is no question but that Gesell and his coworkers achieve a kind of perfection in a two-dimensional psychology. If they claimed no more, we should gratefully let it go at that. But their striving for mathematical and scientific precision takes on a dangerously dogmatic tone when applied to the study of personality. We are told that 'in surety and precision the laws of development are comparable to those of gravitation', and that personality 'is subject to the very mechanisms and the laws which govern the growth of perception and of intelligence'. 'They [the web of behavior patterns which is personality] are neither more nor less mysterious than his sensorimotor patterns . . . They have the same

geometry of growth which determines the developmental sequences of vertical, horizontal, and oblique [i.e. the child's ability to draw lines in these directions] . . . Personality is but an abstraction unless we agree that it is constituted of genuine patterns of behavior which grow and have being in the same sense that cube behavior grows and makes itself manifest in lawful towers and bridges.' But despite the borrowing of precise terms from physics and mathematics, personality remains an abstraction in this volume. Whether children are designated by letter, number, or name, they remain artifacts, with nothing so corporeal as personality.

In the developmental data the authors give us many factors which make up personality, but not the laws which govern the growth of personality. They shed no light, for example, on the constructive and destructive rôle of identification, repression and frustration in the formation of personality. They do not deal with these phenomena because they are not on good terms with the unconscious. This explains the flat, two-dimensional quality of the book. Furthermore, it is a delusion (which blocks further investigation) that we know 'the mechanisms and the laws which govern the growth of perception and of intelligence'. We only know the sequence of development. We do not know by what associative process intelligence unfolds with such rich variety among different individuals. We know at what developmental level the child will place one cube on top of the other, but we do not know what causes this 'cube behavior' to manifest itself 'in lawful towers and bridges', rather than in medicine, teaching, salesmanship, or safe-breaking. The progression is not in a straight and narrow path, but is pushed this way and that by identification, frustration, repression and sublimation, for which the authors find no place in their system. They even facetiously (?) coin a new word, 'thrustrations', to replace frustrations, whereby they attempt to convey both the marginal growth during periods of innovation and the anxiety which accompanies new powers.

Fortunately all this does not detract from the cogency of the argument in favor of a developmental philosophy as a basis for a social system. The authors champion it all the more eagerly because it is as basic to the democratic way of life, as forcing children into a predetermined pattern is basic to the totalitarian way of life. Certain it is that only in a democracy could a book have been

written which radiates such warm interest in the detailed development of the individual.

It will be a great day for democracy and for psychology, which is one of the instruments required to steer democracy, when the vastly important data accumulated by the psychoanalytic school are systematized along genetic lines. This will not only lend exactness to therapeutic work, but will make possible a program of prevention through education. No system of psychology is complete which fails to correlate developmental data, so admirably refined by Gesell and his coworkers, with the dynamics of development.

AUGUSTA ALPERT (NEW YORK)

FRUSTRATION AND REGRESSION: AN EXPERIMENT WITH YOUNG CHILDREN. By Roger Barker, Tamara Dembo, Kurt Lewin. Iowa City: University of Iowa Press, 1941. 314 pp.

This monograph reports an attempt to create regression in children by means of frustration: to 'clarify the nature of regression and the condition leading to it by testing certain theoretical assumptions about regression. Second, it can be viewed as a contribution to the study of frustration.'

The experiment is based on the following assumptions: that emotional stress of which frustration is an example may lead to regression; that regression can be limited to behavior, or be a regression of the person as a whole ([B], the behavior is a function of the person [P] and the environment [E], i.e., $B = F[P, E]$). This makes it necessary to distinguish the directly observable 'symptoms' (B) from the underlying 'state of the person' (P). Further, regression may be temporary or permanent; may be limited to certain situations (situational) or may be established so that the person is unable to return to a previously higher level of behavior. Regression may also be partial, affecting only certain functions, or may be general, although 'any regression of specific areas does, to some degree, affect all behavior of the individual'. The authors distinguish between retrogression, 'the return to a type of behavior characteristic of a previous stage of the life history of the individual', and regression, 'a change to a more primitive behavior, regardless of whether such behavior has actually occurred within the life history of the individual'. This constitutes the main dif-

ference from the freudian concept of regression, which includes retrogression.

For the purposes of this experiment, regression is defined more specifically as a 'change of behavior from a kind typical for older children to that typical for younger normal children (in an equivalent psychological situation)'.

The experimental situation in which frustration was created consisted of a room divided into two sections by means of a partition which the experimenter could raise or lower at will. During the first part or 'free play' period of the experiment the partition was opaque and functioned as one wall of the room, and the child was presented with a variety of attractive toys and permitted to play freely with them for a period of thirty minutes. On another day, the same child was observed during a 'frustration period': at first the partition which had been opaque during the first part of the experiment was raised and the child found himself in a veritable wonderland of toys—a doll house with a lake filled with real water, an island with a lighthouse, a wharf, a ferryboat and many other fascinating things. After five to fifteen minutes of interested play, the child was told that he should now play in the other part of the room. The partition was lowered, this time transparent and functioning as a barrier. During this 'frustration period' the child was permitted to play only with the same toys he had had in the first, or 'free play', part of the experiment. After thirty minutes the child was permitted again to play with the toys behind the barrier, to remove any ill effect which might otherwise have resulted from frustration.

By means of these two periods of observation the experimenters were able to compare the play activity of each child during a period of free play and a period of frustration. By means of an ingenious scale of their own, the authors were able to measure the constructiveness of play during the comparative play periods. 'Play of high constructiveness is full of rich details. For example, a unit rated constructiveness 7 may contain: taking off the trailer, going with the truck to the gas station, getting gas, going to the motorboat, attaching trailer, loading and making a number of specific noises and sentences accompanying the action.' Play of low constructiveness consists in a relatively homogeneous activity, as for example, holding the truck and carrying it to a certain place.

'In other words, play of higher constructiveness is usually more differentiated and more homogeneous in regard to its subparts than one of lower constructiveness.' Since it was shown that the constructiveness of play was directly related to the maturity of the child, the older child having a high coefficient of constructiveness, the younger a low coefficient, it was considered a good indication of regression when the same child showed a definite decrease in the constructiveness of play during frustration.

Where the frustration was felt keenly (the strong frustration group) there was an average reduction in the constructiveness of play amounting to a regression of twenty-four months mental age.

Further factors contributing to regression were seen in a dedifferentiation of the person and a decrease in the variety of the behavior which may have been due to emotional tension or 'to the "freezing" of certain parts of the person as a result of preoccupation'. It is impressive to learn that it is possible to create in the laboratory a temporary, situational regression which is describable in terms so strikingly similar to the effects of the chronic frustration due to the anxiety aroused by repressive forces. It is reminiscent of the 'freezing' of certain parts of the person, and 'rigidity of the personality'. And although at this point one cannot foresee what advantages it may bring in the future, it would seem important that scientists had ingeniously found methods by which to measure frustration and the extent of the resulting regression.

Although the authors did not set out to examine any reaction to frustration other than regression, they should at least have taken into consideration that other reactions occur. One child who, according to the detailed description of her personality, had already learned to use the mechanism of isolation, did not show the usual decrease in constructiveness during the frustration period. This was not because of a weak frustration reaction as the authors believed, but because her defense against frustration was that of isolation rather than regression. Since all but a few of the children showed regression, the results point to a conclusion which the authors did not draw, that the majority of young children react to frustration with regression, rather than with other defense mechanisms.

The authors provide detailed descriptions of their records and

elaborate diagrams, topological figures, and formulas, making this monograph particularly instructive for those who would inform themselves about topological psychology.

MARJORIE R. LEONARD (LOS ANGELES)

PSYCHORAMA. By A. A. Roback. Cambridge, Mass.: Sci-Art Publishers, 1942. 365 pp.

In an easy, argumentative style the author adds another to his nineteen previous volumes, at least one of which was reviewed in this QUARTERLY (Vol. XI, No. 1, 1942). His range of subjects includes Freud and swing music, but most of them reflect the author's concern over prewar fascism. Originally published in newspapers and magazines, the articles are typically brief and full of newly coined words with clang associations.

The article on Freud's Moses and Monotheism is lengthy and earnest. The Jews may well have had 'an earlier tradition' of monotheism all their own; and even if it was a foreign import, says Roback, then they deserve credit anyway for having accepted it.

The author's attempt to instruct Freud in Jewish lore is unnecessary, since Freud is obviously learned in the comparative cosmogony and theogony of the ancient East and is not writing as a historian. On the contrary, Freud often omits confirmatory evidence which is known to him, such as Manetho's account in Josephus,[1] and goes about his stated business of analyzing If Moses Was An Egyptian.

EDWARD E. HARKAVY (NEW YORK)

BALINESE CHARACTERS. By Gregory Bateson and Margaret Mead. New York: Special Publications of the New York Academy of Sciences, Vol. II, 1942. 277 pp.

This publication represents the result of field work done by the authors and a group of other investigators in Bali over a period of three years. Great quantities of linguistic, ethnographic and photographic data were collected and new methods in field work were developed.[2] The subtitle of the book is 'a photographic analysis', the meaning of which is explained as follows: 'In this monograph we are attempting a new method of stating the intan-

[1] Contra Apionem, i, p. 26 *et seq.*

[2] *Cf.* Mead, Margaret: *Researches in Bali.* Transactions of the New York Academy of Sciences. Ser. II, Vol. II, 1939, 28 pp.

gible relationships among different types of culturally standardized behavior by placing side by side mutually relevant photographs. Pieces of behavior, spatially and contextually separated—a trance dancer being carried in procession, a man looking up at an aeroplane, a servant greeting his master in a play, the painting of a dream—may all be relevant to a single discussion, the same emotional thread may run through them. . . . By the use of photographs the wholeness of each piece of behavior can be preserved while the special cross-referencing desired can be obtained by placing the series of photographs on the same page' (p. XII). Although this photographic method is a stimulating way of presenting the findings of a psychological investigation, psychoanalysis is responsible for having made an investigation of this type possible.

This is not a book on Balinese customs but on the Balinese as people.

The nucleus of the whole thesis is the correlation between adult ritual and personality on the one hand, and a typical infancy situation on the other. This is what I called the 'ontogenetic trauma' as I first discovered in the *'alknarintja situation'* in Central Australia in which the desired and dreaded object of adolescent fantasy was the *alknarintja* (eyes turn away) woman who in dreams appears as cohabiting with the dreamer in the *coitus inversus* position. This is the sleeping position of the tribe, for the mother lies on her children. The personality of the adults shows an overemphasized male sadism as a reaction formation against passivity in the mother-child relationship.

The situation in Bali is described as follows by Margaret Mead:

'The Balinese baby is subjected to a peculiarity of a mother-child relationship which is apparent when the child is only five or six months old and which becomes steadily more definite as the child becomes older. The mother continually stimulates the child to show emotion, love or desire, jealousy or anger, only to turn away to break the thread as the child in rising passion makes a demand for some emotional response on her part. When the baby fails to nurse the mother tickles his lips with her nipple only to look away uninterested, no slightest nerve attending, as soon as the baby's lips close firmly and it begins to suck.'

As the child gets older this teasing grows in intensity. She

stimulates her children of both sexes genitally and then borrows a strange baby with which she teases her own child, showing every sign of preference for the borrowed baby. The result of a succession of traumas is the gradual withdrawal of the child and a shut-in type of personality. In the 'witch play' this situation is dramatized. This is a theatrical performance with the following plot. Witches are spreading plague and disaster over the land because the king has refused to marry the witch or the witch's daughter. The king is represented by his dragon emissary who is as kind as the witch is terrifying. Followers of the dragon armed with *krises* (daggers) enter and approach the witch ready to attack her. But she waves her magic cloth (the cloth is the baby sling) and after each attack they crouch down before her, magically cowed. Finally, they rush upon her in pairs, stabbing ineffectively at the witch who has become a half limp bundle in their arms. She is uninvolved and offers no resistance but one by one they fall to the ground in deep trance, some limp, some rigid. From this trance they are aroused by the dragon who claps his jaw over them or by his priest sprinkling them with holy water. Now able to move again in a somnambulistic state, they turn their daggers, which were powerless against the witch, against their own breasts, fixing them against a spot which is said to itch unbearably (pp. 34, 35, 164–171). Thus they symbolically complete the cycle of the childhood trauma: the approach to the mother, the rejection and the inversion. The authors fail to explain why the dagger is turned against a spot that itches unbearably and why women do not participate in these attacks. It seems very likely that the *kris* is a phallic symbol, the attack a dramatized coitus, and the spot on the breast an 'introjected' maternal vulva.

The authors also describe another initial trauma without giving it the significance it really deserves. The infant is carried on the left hip leaving the mother's right arm free. In this position the baby's left arm is free while the right is frequently pinioned against the breast. When the baby is offered a bit of cake or something it reaches for it with the free left hand which is invariably rejected by the mother who waits until the right hand is extricated (pp. 13, 14). The inhibition of grasping must be the other traumatic situation which explains the psychology of this schizoid culture.[1]

[1] For views on the significance of grasping *cf.* Hermann, Imre: *Sich-Anklammern-Auf-Suche-Gehen.* Int. Ztschr. f. Psa., XXII, 1936, pp. 349–370.

Now we know that in separation situations, the libido is withdrawn from the object and the link between subject and object becomes additionally cathected—a kind of substitute object.[1] What we find in Bali illustrates this thesis quite strikingly. Dr. Bateson writes, 'We find oral manipulation in which the sensory emphasis is on the hands or fingers' (p. 111). One of the photographs represents a baby refusing the breast, 'sucking its hand instead' (p. 124). No wonder, after the treatment it has received.

Many other interesting and important details could be quoted and some of the theoretical statements might be criticized. However, all this would take us far beyond the scope of a book review. There is no doubt about the fact that the authors have given us an exceedingly valuable foretaste of their field work and that the psychoanalyst will find every page of this publication interesting and instructive. Dr. Bateson's handling of the theme 'genital symbols' (pp. 136, 139, 140) is especially significant.

GÉZA RÓHEIM (NEW YORK)

JUNGLE PEOPLE: A KAINGÁNG TRIBE OF THE HIGHLANDS OF BRAZIL. By Jules Henry. New York: J. J. Augustin, 1941. 215 pp.

This is an excellent account of a culture which, as Ruth Benedict tells us in the foreword, 'was dying by its own hand'. The author describes a society in which the children are apparently loved too much.

'The children receive so much satisfaction from adults it is hard to see why they should bother with one another. They are at the beck and call of anyone who wants a warm little body to caress . . . The little children receive an enormous amount of adult attention and one never sees them caress one another or lie down together. It is impossible to keep track of children over the campfire. . . . They like to cuddle next to an aunt, uncle or stepmother. . . . This wandering around often culminates in a sexual experience to which the grown-ups are eager to introduce the child, and he is generally enjoyed first by a person much older than he.' Some married men have nicknames that bear a humorous reference to their experience in trying to deflower young girls. Yakwá was called 'you pierced your mother' because he had deflowered a young girl who had

[1] *Cf.* Róheim, Géza: *Transition Rites.* This QUARTERLY, XI, 1942, pp. 336–374.

the same name as his mother. Kovi received a nickname because his first cousin clawed his penis when he tried to deflower her. The growing child's sexual experience is primarily humorous, often illicit and apt to be violent in the case of girls (pp. 17, 18). After this start in life, so different from that which we see in most societies, our curiosity is aroused regarding the further development of a Kaingáng's personality.

The men pass into a stage of open homosexual attachments but without actual intercourse. 'Kaingáng young men love to sleep together. At night they call to one another, "Come and lie down here with me, with me!". In camp one sees young men caressing. Married and unmarried young men lie cheek by jowl, arms around one another, legs slung across bodies, for all the world like lovers in our own society' (p. 18). This phase is completely absent in women.

It is difficult to distinguish between a marriage and a love affair, and both are possible with all classes of relatives excepting only parents, children and siblings. In this society we have polygamy, polyandry and group marriage and something that comes very near to the fulfilment of œdipal desires.

'In relationships like these', the author tells us, 'the violent hostility between an aging father and his son both striving for the same woman, is resolved through the son's marriage to his step-mother' (p. 39). A man will also marry his own mother-in-law under similar circumstances (p. 41). Although everything is permitted in this society the people are far from happy because they are heavily burdened with feelings of guilt; indeed guilt and custom mean the same thing. It is evident that fathers are actuated by powerful guilt feelings regarding their rivalry with their sons, for when they become middle-aged and have children of their own, too much preoccupation with sex is considered wrong and they also give up caressing other men and playing with other persons' babies. Instead they indulge in the behavior called *waikayu* (i.e. self-love, boasting). They drink a lot of beer and boast to their children about the people they have killed. The father does not boast as other people might, to out-do his neighbors, but only to build up his self-esteem in relationship to his own children (pp. 113–124). The lore of the tribe consists mostly of murder stories. Everybody is killed in these stories except sons (p. 62) because this is the real, repressed desire.

A father tells his sons what a dangerous man he is, and he tells it only to his sons.

I have discussed the paranoid attitudes of *Waikayu* elsewhere.[1] Here, however, I would like to mention another aspect of this personality structure. From the author's description one would conclude that this abundant sex life between children and adults was a perfectly harmonious experience. Is that possible, one wonders, or are these experiences actually premature libidinal traumata (Ferenczi) which are followed by a homosexual reaction-formation in adolescence, and a paranoid type of personality?

At any rate the author has given us a very valuable contribution to the psychology of primitive people. But we would like to have more psychoanalytic field work done with the same group before it is too late.

GÉZA RÓHEIM (NEW YORK)

TENNYSON IN EGYPT. A Study of the Imagery in His Earlier Work. By W. D. Paden. Lawrence: University of Kansas Publications, 1942. 178 pp.

This learned essay deals with the imagery of poetry in adolescence. The material presented and sagaciously discussed by the author will be of interest to those who study the creative urges of the 'teens. Alfred Tennyson is not the only hero of this saga. He published his first book of verses, Poems by Two Brothers, together with his brother Charles. While they worked they were both in close contact with Frederick. Alfred gained inspiration for years from the spiritual affinity with his brothers and friends.

In the quest for Tennyson's literary sources the author expertly applies the skilled techniques of philological research; in the quest for the meaning of the borrowings, he uses psychological concepts hesitantly. This hesitation that impairs his clarity is due less to a lack of awareness than to the fear of displeasing the experts in 'literary scholarship' for whom the book is written. Time and again they are assured that the author has nothing 'scandalous' or 'disreputable' in mind. No wonder, then, that the concepts which he applies are either sterile or artificial. 'Repression' comes from Freud, but is used as if it meant 'denial'.

[1] Róheim, Géza: *War, Crime and the Covenant.* J. of Criminal Psychopathology, V, 1943, pp. 379–383.

'Substitution' is used instead of 'displacement', and a psychoanalytic idea and one of Kurt Lewin are indiscriminately amalgamated. 'Ambiguity'—not that of William Epsom (Seven Types of Ambiguity, 1930) but one the author has newly fabricated—is most ambiguously defined; apparently 'condensation' comes close to what the author means. The reader who anxiously looks for clarified statements, while stimulated at first, remains dissatisfied at the end and regrets that so much labor has been wasted on such an inspiring subject with so little return.

ERNST KRIS (NEW YORK)

ABSTRACTS

The Observation of Infants in a Set Situation. D. W. Winnicott. Int. J. Psa., XXII, 1941, pp. 229–249.

Every infant who is brought into Winnicott's clinic is put into the same 'set situation': he is kept on the mother's lap, while the physician sits opposite. There is a shining spatula on the table which arouses the infant's attention. Normal infants from five to thirteen months show typical behavior in this situation. Though they are immediately interested in the shining spatula, there is first a 'period of hesitation', during which the child remains immobile. Then he takes the spatula and puts it into his mouth. In a third period he plays 'hide and seek' with it, drops it, takes it up again, drops it once more, and so on.

Deviations from this typical behavior, Winnicott says, are indications of disturbances. The period of hesitation may be overlong or may be missing. An infant of seven months with asthma, for example, reacted with spells during an overlong hesitation period. Lengthened hesitation is a sign of anxiety. But even the normal hesitation is called by Winnicott a 'superego phenomenon'. The hesitating infant, he thinks, obviously is afraid that taking the spatula might make the mother angry.

Winnicott is of the opinion that one may assume that the infant has (oral sadistic) fantasies of which he is afraid, analogous to those fantasies which children of two to five years can put into words. 'These fantasies of the infant are concerned not only with the external environment, but also with the fate and interrelationship of the people and bits of people that are being fantastically taken into him.' Winnicott assumes, with Melanie Klein, that infants who are only a few months old not only have fantasies of this kind but experience their introjected objects as 'good' or 'bad' respectively, according to the relative strength of their own sadism. It has to be added that these daring hypotheses are not justified by the observational data submitted by Winnicott. In fact Winnicott goes further and even tries to guess the concrete 'content' of the fantasies of the hesitating children. The spatula may primarily mean the breast, but it may also mean the penis: 'the infant may have the fantasy that there is something like a breast and yet different, because it is associated more with father than with mother'. The spatula might represent whole persons, partial objects, or something which has to do with the relationship of different persons to each other, such as of the observer to the mother. All this arouses destructive ideas, and guilt feelings because of these destructive ideas. The successful overcoming of the phase of hesitation and the experience that it is permitted and harmless to take the spatula into the mouth, may have therapeutic value.

The third phase is especially interesting. Winnicott, in accordance with Freud's analysis of a similar game in Beyond the Pleasure Principle, interprets it as an attempt at active mastery of the environment. But this mastery is also thought of in terms of the theory of 'internalized objects'. 'When the mother goes away, this is not only the loss of the externally real mother, but also a test of his relation to his inside mother.'

OTTO FENICHEL

A Revised Psychopathology of the Psychoses and Psychoneuroses. W. R. D. Fairbairn. Int. J. Psa., XXII, 1941, pp. 250–279.

Whereas Abraham, in accordance with Freud's viewpoints, subdivided the neuroses and psychoses according to the phase of the development of the libido to which the patient had regressed, later 'ego psychology' laid more stress on the development of object relationships. It would seem that further study of the mutual dependence of leading erogenous zones and the leading attitudes towards the objects is now indicated. But Fairbairn is not of this opinion. He thinks that a correct understanding of the history of object relationships makes such study superfluous and substitutes the idea of the importance of the erogenous zones. This paper explains, in general, how the author pictures such a substitution; the detailed presentation of the theory itself being reserved for further elaboration.

Fairbairn is of the opinion that paranoid, compulsive, hysteric and phobic states are not the result of fixations at different levels of libido development, but different techniques which the ego uses for the solution of the same (oral) conflict.

The relationship towards the objects has, Fairbairn states, a typical development: it tends from identification to object differentiation; the immature aim of incorporation is slowly replaced by a mature 'giving' attitude. Between the immature identification phase and the mature love phase there are transitional states with ambivalence and dichotomy of the objects into good ones and bad ones.

Fairbairn discusses the psychopathology of the transitional states as well as of the identification phase. The overcoming of the phase of identification is unconsciously perceived as an expelling of incorporated objects. The necessity of this expulsion makes the subject 'anal', says Fairbairn, while it is by no means so that the 'erogenous anality' creates the instinctual aim of expulsion. The conflict between a tendency towards separation from the object and the longing to keep the inner object, is the basis of the phobic attitude. The same conflict, perceived as a conflict between the tendencies towards expulsion and retention is said to be the basis of the compulsion neurosis. When it is perceived as a contrast between acceptance and refusal of an object, it is characteristic of hysteria. The paranoid state means 'repulsion of the external and acceptance of the internal objects'.

All these states try to overcome the difficulties of the transitional period. Depression and schizophrenia do not transgress the problems of the oral infantile dependency. Here the danger exists in the possibility that the objects which are needed may be destroyed or hurt, first by 'love', which means through the act of incorporation, and later by 'hatred', because the ambivalence towards the object also developed the subjective aim of destruction. The fear of the loss of the object in the phase of 'introjected objects' is identical with the fear of loss of parts of the subject's own body.

Fairbairn's ideas are based on Melanie Klein's theories. We will have to wait for the promised clinical material in order to be able to tell more about their validity.

OTTO FENICHEL

Minister and Congregation—A Study in Ambivalence. Efraim Michael Rosenzweig. Psa. Rev., XXVIII, 1941, pp. 218–228.

In this article the author demonstrates the ambivalence of a congregation towards its Rabbi. The sources of this ambivalence are found in the œdipus complex, the minister representing the father image. The author tries to show how this ambivalence is 'heightened in our times when we seemed to have reached the zenith of a violent effort to shake off the inhibitory requirements of the Hebreo-Christian culture of the west'. He points to the particular position of the Jew, who finds the Rabbi most hateful and oppressive, particularly the Reformed Rabbi, since he disappoints the expectation that he would renounce old taboos and establish social and civil equality with the non-Jewish world. It is evidence of the Jews' aggression against his persecutors turned inward and reprojected against the Rabbi.

EMANUEL WINDHOLZ

Peter Ilich Tschaikowsky—A Psychological Sketch. Paul C. Squires. Psa. Rev., XXVIII, 1941, pp. 455–465.

The author gives a case history of Peter Ilich Tschaikowsky, in whom he finds hysterical and paranoid mechanisms. He diagnoses him as a psychopathic homosexual, with periods of severe depression, general weakness and conversion symptoms. Tschaikowsky's attempt to marry is a complete failure and leads to a severe nervous crisis, from which he recovers only very gradually. The author classifies him as 'the greatest psychologist among musicians . . . the archintrospectionist who dares to tell all through the enchanted avenue of the ear'. He goes on to say, 'Tschaikowsky's music is the very essence of subjectivity; it is concentrated upon the microcosm—if that is what we care to call the Self. No other music, not even Schumann's excels his in respect to the quality that may best be called *psychologic*. It is unsurpassed in the portrayal of the sinister mysteries of Mind. It lives and moves in the realm of lost souls, of those without hope.'

This and other statements of the author remain within superficial generalities. The psychoanalyst is disappointed, since no deeper psychological connections are traced in the paper.

RICHARD STERBA

Lady Macbeth. John W. Draper. Psa. Rev., XXVIII, 1941, pp. 479–486.

Mr. Draper attempts to show that Shakespeare was influenced to such an extent by the medical psychology of his time that he harnessed his dramatic talent to fit the pseudoscientific system of ethics and cosmogony which it embraced. This sought to ascribe undesirable sociological phenomena both to individual imperfections and to strange or accidental happenings of nature. Portentous deeds and dread-foreboding acts were the preordained results of an imbalance in the universe, either in the essential forces of nature, or in the physical properties of the individual. Mental disease was produced by an elemental distribution of the four humors. The behavior of Lady Macbeth is to be understood as potentially predetermined by a pathological accumulation

of choler—that 'hot, dry' juice, which according to the scientific superstition of the Greek physiologists was allocated to the gall bladder—and as accidentally precipitated by the circumstances of her middle age, the effects of wine, the seasonal influence of the summer, and (oddly juxtaposed!) a supposed slight to her pride. Evidence of the Lady's 'excessive choler' is obviously lacking. It is based on the author's supposition that Shakespeare was influenced by the 'pseudoscience of physiognomy' which flourished in his age. The only indication to be found in the play is a stray reference in which King Duncan alludes to Lady Macbeth as 'fair', which 'in the twin Elizabethan sense', the author remarks, probably means both 'blonde and beautiful', hence 'choleric'! The explanation which Mr. Draper offers for this omission is curious. He states that Shakespeare was prevented from portraying the physical characteristics of the types which he created because of the limitations of the Elizabethan stage, and therefore had to use certain ambiguities in style which the actors of his day might disregard at will.

To attribute the dynamics of Shakespeare's characters to such random and disjointed defects seems peculiarly rigid, empty, and lacking in imagination. The tragedy of Macbeth is to be viewed, according to Mr. Draper's contention, not as a tragedy of Fate in the Greek sense, nor yet as the inevitable result of unconscious instincts, but as determined in part by unimportant incidents, and in part by characterological defects of the individual dramatis personæ.

SYDNEY BIDDLE

The Process of Awakening. Martin Grotjahn. Psa. Rev., XXIX, 1942, pp. 1–19.

Grotjahn carefully observed experiences in the state of awakening under different circumstances, in his own person as well as in patients. Quotations from his summary illustrate the results of his observations.

'The gradual awakening of the ego starts with a reconstruction of the intrapersonal communication, is identical with the inner-cognitive function and appears in the form of "functional symbols". . . .

'The rebirth of the ego and its synthesis is centered around the recognition of the person's own body which represents the borderline between the inner world of the person and the outer world. During the process of awakening the person feels himself as a strange being and regains, more or less slowly, the knowledge of his own unity. . . .

'The evidential feeling of the whole body and mind as belonging to the self of the person, as "being mine" has never completely vanished during sleep. The fact that it is possible through training to awaken at an intended time shows the retention of some cognitive ego function throughout the duration of even deep sleep. . . . But the ego feeling of the dreamer is an essential mental ego feeling expressed in the passivity of the dream in which the person is only an onlooker and does not feel his body. If bodily ego feeling appears during the dream such as that observed during flying dreams or in the symbolic expression of eye movements, so the very beginning of awakening is announced. . . .

'In the process of awakening these different parts of the cognitive function could be observed and differentiated from each other. . . .

'Awakening is completed when the ego synthesis is performed, and this is characterized by the appearance of the person's will. . . . It is evident that therefore the cognitive function awakens first because the body must be felt before it may be used to purposeful action. Rational thinking is a part of the volitional function of the ego because rational thinking is "test acting". . . . When rational thinking occurs, the complete awakening is very near or has already taken place. . . .

'The observations in akinetic and sleep-walking patients have shown that the cognitive and volitional ego function may awaken independently of one another.'

OTTO FENICHEL

The Tooth-Losing Dream. H. S. Darlington. Psa. Rev., XXIX, 1942, pp. 71–79.

Stimulated by a toothache dream of his own, the author sets out to discover why the teeth may be used in dreams to represent people. He first quotes numerous examples from folklore showing a widespread belief that the tooth-losing dream portends the death of a near relative or friend. He derives the tooth symbol from the grouping of the primitive family around the U-shaped fireplace. Through the equation of the oral cavity with the mother and the house, the teeth become the symbols of the members of the household. The paper is chiefly interesting as a speculative contribution to the phylogenesis of dream symbols.

A. H. VANDER VEER

An Hypothesis Regarding Cycles of Behavior in a Schizophrenic Patient. Saul Rosenzweig. Psychiatric Quarterly, XVI, 1942, pp. 463–469.

Rosenzweig describes a schizophrenic male patient whose behavior expressed certain cycles which were accentuated when he received hormone treatment. The cycle comprised four phases, each lasting from a day to as much as a week. In the first phase heterosexual interests were outstanding; the second was characterized by aggressiveness directed mainly towards males; the third showed a manifest homosexual behavior; the fourth, often merged with the third, was demarcated by a cloudy state of mind.

The author parallels these phases with the development of the œdipus complex. The heterosexual tension represents the normal adjustment in the œdipus situation. With increasing frustration the anxiety grows; thus the aggressiveness toward father representatives of the second phase. In the third phase anxiety prevails as indicated by the giving up of heterosexual claims and the assumption of the submissive homosexual rôle towards his rivals. The fourth phase, the end of the drama, is characterized by a religious orientation.

JULIUS I. STEINFELD

Folie à Deux—The Psychosis of Association. Part Two. Alexander Gralnick. Psychiatric Quarterly, XVI, 1942, pp. 491–520.

Part Two [1] of this paper consists of abstracts of histories of the author's seven cases. The case histories are adequate, but the author fails to classify the

[1] *Cf.* for Part One, This QUARTERLY, XII, 1943, p. 595.

one case he presents in some detail. Of the other cases, three illustrate the 'communicated' type, two the 'imposed' and one the 'induced'. These illustrative cases are satisfactory and appear to have been well studied.

There is a brief discussion of 'Mass Psychosis' in which the author deplores the attempt of other writers to extend psychiatric diagnosis to the field of sociology. He makes the point that 'unorthodox behavior of large groups' should not be classified in the same category with the disorders which arise within the family unit on the grounds of association and identification.

WILLIAM G. BARRETT

Psychological Aspects of Hobbies. A Contribution to Civilian Morale. William C. Menninger. Amer. J. of Psychiatry, XCIX, 1942, pp. 122–129.

The origin and meaning of a hobby can only be understood in terms of an individual's development and present situation. The type of hobby chosen usually has its prototype in early developmental phases.

It is easier to determine why people have hobbies than why they have not; in the latter case early prohibitions or frustrations have prevented development of any predominant mode of gaining satisfaction, or direct satisfaction from overt sexual play made satisfaction through deflected channels unnecessary.

MARGRIT MUNK

The Dynamics of the Selective Inhibition of Specific Functions in Neurosis. Alexander Wolf. Psychosomatic Med., V, 1943, pp. 27–38.

Limitations put upon particular functions during the nursing period are followed by inhibitions of these functions in maturity, when the organism is under stress. The results of the author's experiments with rats show that animals deprived of vision in infancy experienced great difficulties in responding to a visual stimulus under the strain of adult competition. Similarly, animals deprived of hearing in the nursing period experienced considerable difficulty in responding to an auditory stimulus under the strain of competition. The experiments are devised to illustrate the dynamics of the selective inhibition of particular functions.

MARTIN GROTJAHN

The Psychopathology of Coughing. Otto Fenichel. Psychosomatic Med., V, 1943, pp. 181–184.

Nervous coughing is rarely the primary reason for a psychoanalysis. It is, however, a rather common symptom which can frequently be studied in the course of analyses undertaken for other indications. The following six possibilities may be observed: (1) A patient may react neurotically to a severe organic cough. (2) Coughing may be a substitutive vent for relieving an inner pressure caused by repression. (3) Coughing may be an hysterical conversion symptom, as in Freud's Dora case. (4) Coughing may be related to the group of nervous tics and as such may be an equivalent or a part of the 'stage fright' syndrome. (5) Coughing may be the somatic result of a psychogenic attitude. (6) In practice, probably most cases of nervous coughing represent a combination of these five types.

MARTIN GROTJAHN

Notes on the Genesis of Psychopathic Personality Trends. Stanislaus A. Szurek. Psychiatry, V, 1942, pp. 1–6.

There is little to be gained from considering the energy sources of human behavior from the point of view of one or two instincts. Biologically, the human organism may be characterized as possessing certain basic needs and a given set of inherited potentialities for growth and learning. While these may differ in degree from person to person and appear at somewhat different times in the life cycle, yet the needs of hunger, sex, and protection or dependency during relatively helpless periods of life, are common to all human beings.

Clinical experience with children who predominantly show behavior which is a problem to others, and concurrent therapeutic efforts with the parent, leave the impression that the genesis of some of the human characteristics included in the definition of psychopathic personality is no greater mystery than other syndromes in psychopathology. As a rule the more important parent, usually the mother, has been seen to encourage the amoral or antisocial behavior of the child unconsciously. The neurotic needs of the parent whether of excessively dominating, dependent or erotic character are vicariously gratified by the behavior of the child, or in relation to the child.

MARTIN GROTJAHN

Faith as a Character Trait. Erich Fromm. Psychiatry, V, 1942, pp. 307–319.

Faith is not one of the concepts that fits into the intellectual climate of the present day world. The fight against faith expressed emancipation from spiritual shackles in the past, but today lack of faith is often identical with profound although inarticulate despair. There is a difference between rational and irrational faith. Rational faith is certainty of one's own experience and firmness of conviction in the realization of one's rational vision. It is rooted in the experience of growth, in the active relatedness to man and nature and therefore inseparably linked with a state of activity. Irrational faith, however, will be found in any society built on the submission of one group of people to the power of another. Faith in oneself, like faith in others, implies the recognition of potentialities and the vision of their unfolding.

MARTIN GROTJAHN

Gynecology and Obstetrics Number. Bulletin of the Menninger Clinic, VII, No. 1, 1943.

This is the first of a projected series of issues of the Bulletin which will appear at regular intervals and will be devoted to the relations of psychiatry to other medical and surgical specialties. The editors are attempting to present psychoanalytic contributions on psychosomatic problems in readable form. As such, this first issue is a splendid success since it offers the nonpsychiatric physician an excellent opportunity for orientation in the study of the relationship between emotional disturbances and gynecological and obstetrical pathology.

This issue contains the following papers: Gynecology and Psychiatry. By Robert Latou Dickinson. Functional Disturbances of Menstruation. By Merton M. Gill. The Emotional Factors in Pregnancy. By William C. Menninger. Functional Disturbances in the Sexual Life of Women. By Robert P. Knight.

Psychiatric Aspects of Contraception. By Karl Menninger. Suggestions for the Psychological Study of Sterility in Women. By Lewis L. Robbins. Menarche After One Psychotherapeutic Interview: A Case Report. By Norman Reider. Emotional Factors in Organic Gynecological Conditions. By Karl Menninger.

Most of the papers are written in a clear and comprehensive form so that the uninitiated physician should have little difficulty with technical terms and with controversial issues. Material is presented which is supported by much clinical evidence. The subjects discussed are of great significance for the physician since they comprise a large percentage of the problems he faces. It is also worth while for the psychoanalytic reader since it offers an excellent condensed review of the psychoanalytic literature on these subjects.

RALPH R. GREENSON

A Dutch Celebration of a Festival. Richard Sterba. Amer. Imago, II, 1941, pp. 205–208.

Christmas is closely followed by the festival of the 'Innocents' on the twenty-eighth of December. The 'Innocents' are the children King Herod had murdered at Bethlehem. According to a Dutch custom the children appear on Holy Innocents Day in their fathers' and mothers' garments, thereby expressing the unconscious desire to do away with the parents, and showing the 'innocents' ' unconscious aggression. Thus the Festival of the Innocents gives us an important clue to the significance of the Christ figure. King Herod corresponds to King Laios, Christ to Œdipus. In one version of the Œdipus story shepherds find the child Œdipus and bring him up; in another, he is put out to sea in a chest like Moses. The shepherds who welcome the birth of Christ correspond to the shepherds in the Œdipus story and the manger to the floating chest.

Other details of European folklore fit into the picture. On this day the children are driven out of their beds with switches, 'as a joke'. In another version of this custom, called 'whipping' or 'peppering', the children beat their parents.

The rebellion against the father was also expressed in the custom of electing a boy bishop, which survived in the form of a farce as late as 1779. There are many similar customs throughout Europe.

This interpretation is undoubtedly correct in the sense that it shows the latent content behind these customs. A seventeenth-century writer, Gregorie, gives the same interpretation of the whipping custom: 'that the memory of Herod's murther might stick the closer; and in a moderate proportion to act over the crueltie in kind.'[1] Historically, the interpretation is insufficient, because these customs are not limited to Holy Innocents Day, and are probably much older than Christianity.

The whole ceremonial complex is based on the Roman Saturnalia which spread over the Continent with Roman civilization, and on earlier fragments of a puberty ritual.[2]

GÉZA RÓHEIM

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[1] *Cf.* Miles, A.: *Christmas.* 1912, p. 315.

[2] *Cf.* Róheim, Géza: *Adalékok a magyar néphithez (Contributions to Hungarian Folklore).* 1920, pp. 151, 152. Also Tille, A.: *Die Geschichte der deutschen Weihnacht.* 1893, p. 143.

Socio-Psychiatric Aspects of Female Felons. John Holland Cassity. J. of Criminal Psychopathology III, 1942, pp. 597–604.

This is a study of the one hundred fifty females among the two thousand eight hundred felons of New York County examined at the Court of General Sessions last year. The usual reasons for the low incidence of females (four per cent) as compared with males are mentioned: women are less capable of physical aggression, are more protected by our society, are economically and psychologically dependent. However, further study reveals psychopathological mechanisms. According to the findings of Simonds and Bromberg in The Female Offender, an unpublished manuscript, the proportion of aggressive crimes (murder, manslaughter, assault) is higher among females than among males: twenty per cent to twelve per cent respectively. This is explained on the basis of the close association of aggressive behavior in women with their libidinal life, so that emotional deprivations are reacted to explosively. Examples: women who kill their paramours out of a 'sibling-like' rivalry; women who kill their homosexual love object, thereby unconsciously destroying their own homosexual craving; women who commit infanticide, thereby relieving unconscious œdipal guilt; women who commit larceny in order to acquire the means of attracting a father figure, etc.

Whereas among males the highest incidence of felonies occurs between sixteen and twenty-five years of age, i.e., the period of greatest economic strain, criminality among women rises after the age of twenty-five, when mounting emotional frustrations reawaken the œdipal conflict. The fact that the boy's entry into the economic field puts him unconsciously into competition with his father is overlooked.

DORA FISHBACK

Specific Trends in Criminality of Women. Frank J. Curran. J. of Criminal Psychopathology, III, 1942, pp. 605–624.

This is a statistical paper dealing with the types of women prisoners admitted to the Bellevue Psychiatric Hospital during 1940, comparing them with admissions during 1939, with other reports from both here and abroad, and with studies of male prisoners.

Two hundred forty-five women prisoners were studied with regard to hereditary and environmental factors, as well as the types of crime committed. As found by others, the majority were native-born, poorly educated and vocationally untrained. A disproportionate number were Catholic. Forty per cent were psychotic and the importance of hospitalizing psychotic patients is indicated by the finding that four out of five homicide cases were in this group. Of the two hundred forty-five cases, ten per cent were mentally defective, five per cent psychoneurotic, and eighteen per cent were diagnosed psychopathic personality. The low incidence of venereal disease (15.5 per cent) seems to indicate that we are getting results from our new drug treatment of gonorrhœa and our more open talk of venereal disease and its treatment.

The paper confirms the finding of others that when women commit serious crimes these are directed more against persons than against property.

DORA FISHBACK

Mind of Murder. P. Lionel Goitein. J. of Criminal Psychopathology, III, 1942, pp. 625–648.

From the author's paper it would seem that the 'Mind of Murder' is very complex; in fact, well-nigh unintelligible. The report is based on a case history of a girl 'with a slowly advancing state of self-destruction (suicide)'. In discussing the 'Homicide Theme' the author states, 'The normal individual is in love with Love as much as he hates Hate—not so the neurotic and psychopath. Murder represents the love of hate for its own sake. . . . It is an impulse and unconsciously premeditated deed committed to spite the superego.' There is great emphasis placed on the patient's dreams which are studied from the 'cosmic levels' as well as 'realistic levels'. Only the manifest content of the dreams is considered. There is an appendix which contains charts and graphs of themes significant to the patient, oscillations of libido, trends of fantasy and content of dreams. In one graph one finds the expression 'sadismal masochism'.

RALPH R. GREENSON

Notes on a Case of Character Analysis. Otto Fenichel. Bulletin of the Forest Sanitarium, I, 1942, pp. 22–27.

The patient described suffered from marked contradictions in behavior with feelings of inferiority to which he reacted on the one hand with fantasies portraying ambitious strivings, and on the other, with a wish for an undisturbed existence devoid of any real object relationships.

His childhood history disclosed an overzealous mother who made incessant demands on him, especially with regard to cleanliness, and an old nurse who satisfied all his narcissistic needs on a very primitive level. A very boastful father and an older and stronger brother forced the patient into a passive homosexual attitude.

Systematic analysis of his character attitudes demonstrated their function as a defense mechanism against his primitive narcissistic demands.

MARGRIT MUNK

Symposium: What Can Psychiatry Contribute to the Alleviation of National and International Difficulties? Amer. J. of Orthopsychiatry, XI, 1941, pp. 619–652.

Lawrence K. Frank opens the symposium by discussing Social Order and Psychiatry. He emphasizes that societies are not living organisms subject to special laws of their own; they are only techniques for organizing and perpetuating certain specific beliefs about the universe, human nature, conduct, and the relation of the individual to the group. Such an organization enables the individuals in a given culture to exploit the environment and to organize group living. Despite the rigidity with which these idealogies are inculcated into succeeding generations, a culture can and should be changed when it is evident that it does not provide maximum satisfaction and security for its participants. Democracy is organized around a belief in the worth and happiness of the individual personality. This is accepted as an ideal by all members of the symposium. The imperfection of our culture and its

failure to fulfil this basic tenet is evidenced by the large number of maladjusted personalities we see. The author feels that it should be the task of psychiatrists to evaluate the meaning of our cultural traditions for the individual, to the end that we may have a more consistent upbringing and a happier life. Psychiatrists might also discover how these traditions act to produce 'the self-seeking persons who threaten social order'. Dr. Frank selects these areas as crucial for such an investigation: early education in the home, education in school, the handling of children by various youth organizations, the law, journalism, and schools of theology. The practices of all these cultural institutions and the theories which control them should be critically examined to see whether they really foster individual well-being. Changes may well be suggested. For example, if teachers' archaic concepts of healthy child behavior can be modernized in terms of psychiatric knowledge, the school will really prepare children for participation in society and will produce happier individuals. In order to function adequately as critics of society, however, psychiatrists must develop more active social consciences, must give up the defeatist idea that the reality they help their patients to face is permanent and unchangeable, and must not be committed to the doctrine that human nature is basically antisocial. The author questions whether these changes can be effected in psychiatric thought; psychiatrists should be better fitted, however, to correct their own cultural distortions than any other group.

J. F. Brown continues with a paper on Social Science and Psychiatry. After briefly sketching the good society of the future, he refers to the common conception that the undeveloped state of the social sciences is the chief obstacle to the achievement of a better world. Dr. Brown does not share this belief and points out that one universal basis of scientific progress lies in the discovery of limiting principles which define the extent to which changes are possible in any given field. He then postulates five such limiting principles which define the possibilities of free development in social organization, and hence the degree of perfection which our culture can reach. These principles are: the inevitability of physical, intellectual, and emotional inequality; the psychobiological nature of man; the sociological nature of groups (aggression being always displaced outward to other groups); the personality of leaders who really influence the course of nations; and the continuance of resentment, which lays the basis for new wars in the peace treaties of the old ones. The author emphasizes that the society of the future will have to control the individual's aggressions in such a way that they lead neither to conflict within the group nor to destructive combat between groups. In connection with his five postulates, he poses numerous questions for the psychiatrist to answer. He wonders how intelligence can be increased to a maximum; how much frustration will the human love instinct stand; how can we assure optimal in-group coöperation with optimal out-group competition so that 'the group paranoias of open conflict' do not develop; and lastly, can resentment be eradicated? This author asks many questions but makes only one concrete suggestion, namely, that psychiatrists should participate in civil service examinations in order to eliminate psychotic leaders and bring real leaders to the fore.

Winfred Overholser next describes the Contributions of Psychiatry to National Defense. He emphasizes the toll which neuroses in soldiers exact,

not only in their financial cost to the government, but also in their deleterious effect on civilian and army morale. Closer sifting of selectees by the local boards should do much to eliminate the induction of the emotionally unfit. He cites a study on this subject which recommended several procedures to achieve this end. It was suggested that the names of selectees be checked with the records of the school, the police, mental hospitals, and the local social service exchange. The author then briefly discusses the rehabilitation of the rejected draftee, a process which involves education of the community so that it does not regard rejection on neuropsychiatric grounds as a stigma. He closes with a brief discussion of the usefulness of psychiatrists in the army, in industry, and in civilian morale.

The last two papers present the opposing views of two well-known analysts on the structure of fascist and democratic states. Gregory Zilboorg sounds a pessimistic note in his discussion of Paternalistic Aggression and Individual Freedom in the Present Crisis. He notes that when individuals are threatened by disaster, they frequently take refuge in a defensive and unrealistic omniscience. It is particularly dangerous now for us to think that we understand all about Germany and to hope that the obvious suppression of personal freedom under fascist regimes will lead to early revolution. This wish is seen to be unrealistic when one understands the origin of the sense of freedom, 'the core of which lies in a more or less free flow of aggression'. In democracies this flow and the feeling of freedom which goes with it is maintained by permitting each citizen to freely criticize the government and the father-substitute who heads it. This release enables the individual to endure economic insecurity and to repress his aggressions against his fellow citizens which would otherwise lead to disunity. Dictatorships achieve the same end by entirely different means. No one may criticize or oppose the father-dictator, but the individual's hostilities are allowed free play against dissenters, racial minorities and other countries. It is this release of aggression which permits the citizen in a dictatorship to feel free, although by our standards he is not. The author points out that fascism derives strength from the fact that it is genetically more acceptable to hate one's siblings than it is to hate one's father. Psychiatry can neither prevent nor cure the present cultural crisis; it can only observe and interpret. Nevertheless, psychiatrists may render a service by giving up their own defensive fantasies of omniscience and may thus contribute to a more realistic appraisal of the total world situation.

The last and longest contribution to the symposium is by Franz Alexander, who writes on Defeatism Concerning Democracy. Dr. Alexander's views are largely opposed to Zilboorg's. He points out that our modern technological development has failed so signally to increase man's happiness that some have turned away from science entirely and have embraced mediæval philosophies. Science, however, is not at fault; what is needed is the extension of the scientific method into the study of human relationships—a development pioneered by Freud. In particular the psychology of the human conscience must be investigated, since it is this structure which permits cohesion in social groups by inhibiting the individual's aggressions against his fellows and so permitting coöperative activity. This inhibition of aggression is strongest between individuals of the same group, weaker between conflicting groups

within a nation, and weakest between nations. Even in war, however, governments must dull the pangs of conscience by propaganda which persuades their soldiers that they kill only in self-defense. Since the conscience is built through identification with other people, all differences in race, language, customs, political structure, and economic interests make such an identification more difficult. It is therefore not surprising that 'social conscience stops at national boundaries'.

Democracy is the most stable social order because it is based on compromise between conflicting interests, on friendly coöperation, and on the fear of conscience. The next most stable social order was mediæval feudalism which insured relative economic security and personal safety to all its members. Feudalism, however, was a sterile culture because it permitted no social mobility, no outlet for initiative, and no opportunity for innovations. An autocratic society has the weakest social organization since it is based on intimidation of its members rather than on the fear of conscience. In such a culture only continual conquest and booty can compensate the suppressed individual for his loss of personal freedom. As soon as the ruler shows weakness or conquest is unsuccessful, the repressed and accumulated hostilities will break out in civil war. Democracy requires more emotional maturity of its citizens than other societies, emphasizing as it does self-support, economic independence, and universal suffrage. With this, however, there goes a danger, for the more adult an individual is required to be, the greater is the likelihood that his latent regressive trends will be mobilized by economic insecurity. When such a situation occurs, human beings long to regress to childish dependence on the father and are ready to embrace fascism. As evidence for this view the author cites the popularity of authoritarian ideas among those neurotic individuals who have strong reaction-formations against dependence. In order to combat this potential danger and thus to survive, democracies need a sound educational system which will enable their citizens to really overcome infantile dependence and to strengthen the sense of responsibility. Also the threat of economic insecurity must be avoided by assuring a minimum standard of living to everyone through some form of governmental regulation.

International relations will improve only if democratic principles are spread throughout the world by a League of Nations. At first such a federation will need armed force to maintain order and to inculcate democratic ideas into recalcitrant nations. After such a system has been enforced for some time, however, a world conscience will gradually develop which will make international policing unnecessary.

This symposium represents an interesting attempt to apply various psychiatric viewpoints to social problems. The marked discrepancy in the views expressed by the last two writers, however, on the feelings of individuals under fascist governments indicates a need for collecting clinical data on this particular subject. Only on the basis of such data can sound conclusions be reached.

A. H. VANDER VEER

NOTES

THE AMERICAN PSYCHOANALYTIC ASSOCIATION will hold its forty-sixth annual meeting at the Bellevue Stratford Hotel in Philadelphia, Pennsylvania, from May thirteenth through May fifteenth.

The Educational Committee of the BOSTON PSYCHOANALYTIC SOCIETY announces that in applying the minimal standards of the American Psychoanalytic Association it will in the future require that all candidates shall complete the following courses:

Supervised Analyses: Required, two cases completed to the satisfaction of the control analyst and the Educational Committee.

Didactic Courses:

I. Clinical: a. Group Control; b. Case Discussion Seminar.

II. Theoretical: 1. General Introduction: a. Theory of Instincts; b. Theory of Neuroses and Anxiety; c. Theory of Dreams; d. Theory of Technique; e. Theory of Neuroses; f. Theory of the Ego. 2. Psychoanalysis and Psychiatry: a. Theory of the Psychoses; b. Psychosomatic Problems. 3. Selected Writings of Freud. 4. Applied Analysis—four lectures.

The courses which are being required of students in the year 1943–1944 are as follows: Group Control Seminar—Dr. Greta Bibring; Discussion of Cases—Dr. Ives Hendrick; Special Clinical Problems—Dr. Helene Deutsch assisted by Dr. Lucie Jessner (elective); Theoretical and Clinical Problems of Children and Adolescents—Mrs. Beata Rank assisted by Dr. Marian Putnam (elective); Theory of the Neuroses and Anxiety—Dr. Hanns Sachs; Psychoanalytic Technique—Dr. Edward Bibring assisted by Mrs. Beata Rank; Psychosomatic Problems—Dr. Felix Deutsch; Theory of Psychoses—Dr. Frank C. d'Elseaux.

The following seminars for social workers and one for nursery school teachers are being held: 1. Problems of Femininity with Emphasis on the War Influence—Dr. Helene Deutsch; 2. Psychological Problems of Case Work—Dr. Grete Bibring; 3. Psychological Problems of Case Work—Dr. Julia Deming; 4. Psychoanalytic Contributions to Medical Case Work—Dr. Jacob Finesinger; 5. Discussion of Child Problems in Social Work—Dr. Robert Young; 6. Discussion of Nursery School Problems—Dr. Julia Deming.

At the scientific meetings of the TOPEKA PSYCHOANALYTIC SOCIETY held recently the following papers were read: Self-Preservation and the Death Instinct, by Dr. Ernst Simmel; The Concept of Normality and Its Practical Applications, by Dr. Frederick J. Hacker.

The MICHAEL REESE HOSPITAL announces its 1944 course in the Rorschach Test to be conducted by Dr. S. J. Beck. The emphasis this year will be especially

on the expectation of success in treatment. As in former years, the teaching material will consist of Rorschach response records as obtained from patients under observation and treatment. These will be evaluated and interpreted. Clinical groups sources will be neuroses and early or latent schizophrenia. The dates are June 5th to 9th inclusive: two sessions daily, two hours each session. For information write to Department of Neuropsychiatry, Michael Reese Hospital, 2815 Ellis Avenue, Chicago 16, Illinois.

The appointment of Professor C.-E. A Winslow as Editor of the AMERICAN JOURNAL OF PUBLIC HEALTH, succeeding Harry Stoll Mustard, M.D., is announced by the American Public Health Association. Professor Winslow is Anna M. R. Lauder Professor of Public Health at Yale University. He was elected President of the American Public Health Association in 1926, and received a certificate for forty years of continuous membership and the Sedgwick Memorial Medal for distinguished service to public health in the same year, 1942.

The Executive Board of the AMERICAN PUBLIC HEALTH ASSOCIATION announces the Second Wartime Public Health Conference and the 73rd Annual Business Meeting in New York City, October 3, 4, and 5, 1944. Meetings of related organizations will take place on Monday, October 2. Headquarters will be the Hotel Pennsylvania. The Chairman of the Local Committee on Arrangements is New York City's Health Commissioner, Ernest L. Stebbins, M.D. The Chairman of the Program Committee is Reginald M. Atwater, M.D.